FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINE. his certificate should be executed within 24 hours after death. I any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

	MARY	LAND STATE D	EPARTMENT O	F HEALTH	
Division of STATIS	TICAL RESEAR	CH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORI	1, MARYLANI
0201	MEDICAL	EXAMINER'S	CERTIFICATI	STREET, BALTIMORI	09218

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Inst	
A	1	MINITEINIERY MARYLAND	a. STATE b. COUNTY	- 64-
	 	b. CITY OR TOWN (if ouy ide corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RI	IRAL and give general town
1		write RURAL end give nearest own)	in and a	DRAFE WING STAN INCOME TOWNS
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat and cross)	Hew Orlans	, 22
-		d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give streat andress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1	u	Chefugha Savalarin & Horf	4808 Cumette St	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
		(Typa or print) Krithur. William (DEATH GUY	7 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In year IF	UNDER 1 YEAR IF UNDER 24 HRS.
1	2	WIDOWED DIVORCED	7-11-06 last birthday) M	onths Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	7 7 00 137	12. CITIZEN OF WHAT COUNTRY?
/	do	no during most of working tile, even II retired)		4 0 4
	13	FATHER'S NAME	14. DOMER'S MAIDEN NAME	21.56
	13.	The state of the s	14. CHIHEK'S MAIDEN NAME	
	-	JANN Physic	Sally Wenter	
	15. (Yes	WAS DECE SED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
		H	Loop. Resond.	
		18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	5	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: HEN OR RHAGE MASSIUE	THEURAL CAVITIES BILATE	SPAL HELDS
		DUE TO .	1	=UI= If GURS_
			PLE, LEFT LUNG PBILATERAL PAR	Promoto
		gave rise to immediate cause	- TON TONG DITHINGT IN	() ALYSEORA LVAYS
		(e), staling the underlying DUE TO	= Ripe Dil ITERNI	12: -
6	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	E, 1(102, N/LA/ERAL	AJAYS.
	Ď.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	5			YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (EI	nter nature of Injury In Pert I or Part II of Item 18.)	
	_	CAUSE OF DEATH. Druen of auto; str	at by concorning vet	rle
1	CAL		CE OF INJURY (Home, farm, 20f. (City or lown)	(County) (Siela)
6	MEDI	SI 65 p.m. 8 - 5 19 60 et work et work	Theren Langley Pk	PY NA
		21. I certify that I took charge of the remains described above, hel		and in my opinion
		death resulted from: Natural causes , Accident , Suici		
		A Talair Course Transfer Course		
		ACTUAL TO BOUGHT	CHIEF MEDICAL EXAMINER	
4		SIGNATURE Wand you I Morchact	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
X.		EXAMINER'S FLANT RASSAN	DEPUTY MEDICAL EXAMINER	8-8-60
		NAME (Type) FLANK J. 13roschert	Address (Street, city, town, or county)	
	/20	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 224 LOCATION (City, lown, or	country) (Stele)
	Or	emalion 8-4-1760 +1 Juston	in cent on seo to	ma
3	23:	FUNERAL DIRECTOR COMPANY ADDRESS DAY	9/1/1	RAR'S SIGNATURE
1	1	Josm of, sery alous construction	DATE AUG 10'60 Cuth	us S. Thomas
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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0932

Reg. Dist. No.

1			-							1169. 0	181. 170.		
	LACE OF DEATH COUNTY Mont	gomery		MAR	YLAND	o. STATE	DENCE (W		d lived. If institution b. COUN		nce before a	dmission)	
b	CITY OR TOWN (IF RURAL and give ne	outside corporate limit orest town)	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write	RURAL ond	and give nearest town)		
	Bethesda			93 days		Trent	on	4.2.4					
) (OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e. IS	RESIDENCE	
		cal Center	, Bet	thesda 14,	Md.	51 Ke	lsey	Avenue				S NO I	
0	IAME OF DECEASED Type or print)	Anni		Ma.		Adká		4. DATE OF DEATH		ust	Day 20,	Yeor 19 60	
5. S	EX	6. COLOR OR RACE	7. MARI	HED T NEVER MARRI	ED 🔲	8. DATE OF BIRT	ГН		9. AGE (In year			UNDER 24 HRS.	
I	Temale	Negro	WIDOWI	DIVORCE	D	Februar	y 2,	1925	35 y		Doys Ho	ours Min.	
	USUAL OCCUPATIO	N (Give kind of work of	one 10b.	KIND OF BUSINESS	OR INDU	TRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CI	TIZEN OF W	HAT COUNTRY	
1	None (Ho	ing life, even if retired)		None		Geor	gia				U.S.A		
13. 1	ATHER'S NAME					14. MOTHER'S	<u> </u>	NAME					
V.	John H. De	berry				Anna	N. Wi	ilson					
15. \	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. 11				Record	dress			
	no or ununown)	If yes, give war ar dates of se		scertainab	le !	The Clin					. Mar	yland	
		TH [Enter only one co			-]						INTERVA	I RETWEEN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Int	racerebral	& 1	ntra-abo	lomina	l hemo	orrhage		ho	UTS DEATH	
	173X	DUE TO											
	Conditions, if an		Cho	riocarcino	ma						2 y	ears	
	gove rise to in couse (o), stoting t												
	lying cause lost.	(c)											
No.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASI	E CONDITION C	IVEN IN PAI	RT 1(o) 19. W	AS AUTOPSY	
18												RFORMED?	
10	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE). (Enter noture o	of injury in	Port I or Part	I II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	while	NJURY OCCURRED Not while of work	20e. PL/ foc	CE OF INJURY of tory, street, office	(Home, forn e bldg., etc	n, 20f. (City	or town)	((County)	(Stote)	
	21. I certify the	at I attended the	deceas	ed fram May	19,	, 19 60	0, to	August	20, 19	50, that 1	last saw	the deceased	
	alive an Aug			60 , and that									
	2		· 1	2'	6				reet, city or tow			DATE SIGNE	
	ACTUAL SIGNATURE	Serij Arun	- H	120cour	5 M	The	Clini	cal Ce	enter		8/:	20/60	
	DIVERSIA NUS		4110			Nati	onal	Instit	utes of	Heal	th		
	PHYSICIAN'S B	enjamin A.	Bor	owsky, M.D	4	Beth	esda	14. Ma	ryland				
220.	BURIAL, CREMATION REMOVAL (Specify)	8-22-	60	22c. NAME OF CEM	ETERY O				TION (City town	, or county)	2	(State) e	
23. 5	UNERAL DIRECTOR'S		4	ADDRESS		n-44	24g. REC'	D BY REGIST	RAR 24b. REC	GISTRAR'S SI	GNATURE	0	
7	Maziero	Freneral	Hon	e, Inc. 38	9-R	2 ave	DATAUG			11 pm S.	Track		

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PLACE OF DEATH

PUMPAREY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEKII	FIC A		764	JEA	ш
	/ '				

09220 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 STATE
 COUNTY

25b. REGISTRAR'S SIGNATURE

arthur S. Kenna

250. REC'D BY REGISTRAR

DAMIG 9

	Montgomer	У		MARY	LAND	District o	of Colum	hia			
Ŀ		f outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN ((If outside carpor	ate limits, write RU	RAL and g	jive nearest	town)
	Bethesda	(Rural)		34 day	S	Washingto				6 5	-
(OR INSTITUTION	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS					S RESIDENCE
_ [Hospital				4000 Cathe	edral Av	e., N.W.			S NO K
	NAME OF	Fir	st	Middle		Last	4. DATE OF	Mant	h	Doy	Year
	DECEASED Type ar print)	Walde	en e	Lee	AT	NSWORTH	DEATH	Aug	ust	7	19 60
5. S	FX	6. COLOR OR RACE		NEVER MARRI		DATE OF BIRTH				1 YEAR IF	UNDER 24 HRS
				2022				last birthday)	Months	Doys Ho	aurs Min.
	Male	Caucasian	WIDOWE			11-10-86		73 yrs.			
10a	. USUAL OCCUPATION during most of work	ON (Give kind af wark or king life, even if retired	dane 10b.					iuntry)			HAT COUNTRY
1	Mariner			U.S. Navy		Minnes	ota		-	J.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	William C	. Ainswort	h			Mary Wal	lden				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INFO	DRMANT		Addr	955		
		(If yes, give war or dates of s		nknown		Navy Re	cords				
1	S CAUSE OF DE	WWI & WWII			1					INTERVA	AL BETWEEN
		ATH [Enter only one co	use per iin	le far (a), (b), ond (c).	10	/	6.0				AND DEATH
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(C)	bdonu	ial	sue Tas	rases			/	yr
	58 (DUE TO				1	00 1	,			
	Canditions, if a	ny which)	Con	MILL M. A	01	110 1	Hadd	01		1.5	UND
	gave rise to i	mmediate	1900	cercounce	1	00-					1
	couse (a), stating	the under-			0					6	
	lying cause last.) (c)							1	
ON	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	CONDITION GIVE	EN IN PAR	[1(a) 19. V	WAS AUTOPSY PERFORMED?
CATI											S NO
4	20g ACCIDENT W	AS UNDERLYING [20h DESC	RIBE HOW INJURY O	CCHRRED	(Enter nature of injury	in Port Lar Par	II of item 18.)			- 76
CERTI	OR CONTRIBUTING	CAUSE OF DEATH				(4					
10		MEDICAL EXAMINER)									
Q.	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED		E OF INJURY (Hame, f ry, street, office bldg.,		ar tawn)	(0	Caunty)	(State
MEDI	Hour o.m.	19	While of world	Not while	10010	, , sirver, errice bregg,	1				
~						F 1. 60		8.7-	6	50	
	21. I certify the	at (1) (this hospital) attend	ed the deceased	from	7-4-00	19 ,.to				(1) (we) las
	saw the deceo	sed olive on 8-7		160 , ond	that de	oth occurred alo	: 40, A8m	the couses on	d on the	dote str	ated obove
	22a. SIGNATURE	1 ()									22b. DATE SIGNE
	OH	s hare	12		M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS. X		8-8-60)
	22c. PHYSICIANIS NAME (Type)	5 / -000				22d. ADDRESS					
	H S	TRONS, LT.	MC. I	JSN		U.S. Nav	al Hosp	ital, Bet	hesd	a, Md	•
230	. BURIAL, CREMATIC			23c. NAME OF CEM	ETERY OR			ItON (City, tawn, o			(Stote)
	REMOVAL (Specify			Arling				ington, V		nia	
	Runial a	O-TT-96	,	ALTIUGO	mil Mer	OTOBET	MA A	THE COLL	4	The Real Property	

Wisc. Ave., Bethesda, Md.

VR A15 (4) 15M 9/59

	of the same of the same of			
	Southington, Mary 1	pan as	(Laws) Moderna	
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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9319 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09221

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	b. COUNT		lmission)		
	b. CITY OR TOWN (If outside corporate limits, w		c. CITY OR TOWN (If outs		Montgomery	townl		
	RURAL and give nearest town)			ide corpordie minis, write	KOKAL Olid give fledresi	iowiij		
1	d. NAME OF HOSPITAL (If not in hospital, give	22 days	Bethesda	Avenue	le. IS	RESIDENCE		
+	OR INSTITUTION	1 Hospital			0	N A FARM?		
	3. NAME OF First	Middle	9203 Cyprus	Avenue		Year		
	(Type or print) Mahel	H.	Alexander	OF DEATH		19 60		
5.1		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	FIFUNDER I YEAR IF U	NDER 24 HRS		
*		DOWED THE DIVORCED	אמסר מד זמטר	last birthdoy)	Months Days Ho	urs Min.		
	10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or		12. CITIZEN OF WH	AT COUNTRY?		
-	during most af working life, even if retired)		hancasley	Penn.	USF	7		
	13 FATHER S NAME MAKET	/	14. MOTHER'S MAIDEN NAM					
	I trances h. H	err.	Unknow	9. Sally.	myEss			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) (If yes, give wor or dates of service		NFORMANT D		idress //			
4	710.	2-1-10	(Daughter rances L. Alexa		A s above			
	18. CAUSE OF DEATH [Enter only one couse	per line far (a), (b), and (c).]	/ -		INTERVA	L SETWEEN		
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) And Memoria - Bronch presented on the control of the control							
1	450 DUE TO							
	Conditions, if ony, which) (b)	Certera	nlesse					
7	gave rise to immediate DUETO							
	lying cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION G	IVEN IN PART 1(0) 19. W	AS AUTOPSY REORMED?		
	PANT II. OTHER SIGNIFICANT CONDITION PANT II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER					□ NO □		
	200. ACCIDENT WAS UNDERLYING 206	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Port	t I ar Part II of item 18.)				
	1 1	for the state of t	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)		
	p. m. 19	Vhile Not while t work of work	story, street, office blug., etc.)	1				
	21. I certify that Jostended the/de	ceased from Alan	1954 to	8/18/19/2	Mat I last saw th	e decensed		
	alive an 8/17/	1960 and that death	1. 20,0	, fram the causes a				
	2/201			DRESS (Street, city ar town		DATE SIGNED		
	ACTUAL	ar	MD 8106 harle	Erda Ro.	Belherla,	208/18		
1	1		973-7-1	1		4.4		
1	PHYSICIAN'S NAME (Type)							
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	2d. LOCATION (City, town	, or county)	(State)		
	Cremation 8-19-196	O Cedar Hill	Crematory	Cedar Hill	l, Md.			
1	23. FUNERAL DIRECTOR SYSIGNATURE AND A	nor - ADDRESS Wash.	D. C. 24g. REC'D B	BY REGISTRAR 24b. REC	GISTRAR'S SIGNATURE			
	Joseph Gawler's So	ns,1756 Conn.	AVE . NW DATE AU	G 2 2 '60	Cuthun S. Krus			

THE RESERVE OF THE PARTY OF THE Lating and using THE TOTAL PARTY OF LAND

FOR STATE TO DEPUTY MEDICAL EXAMINER: Certificate should be executed within 24 hours after death. If are largered please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the internal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

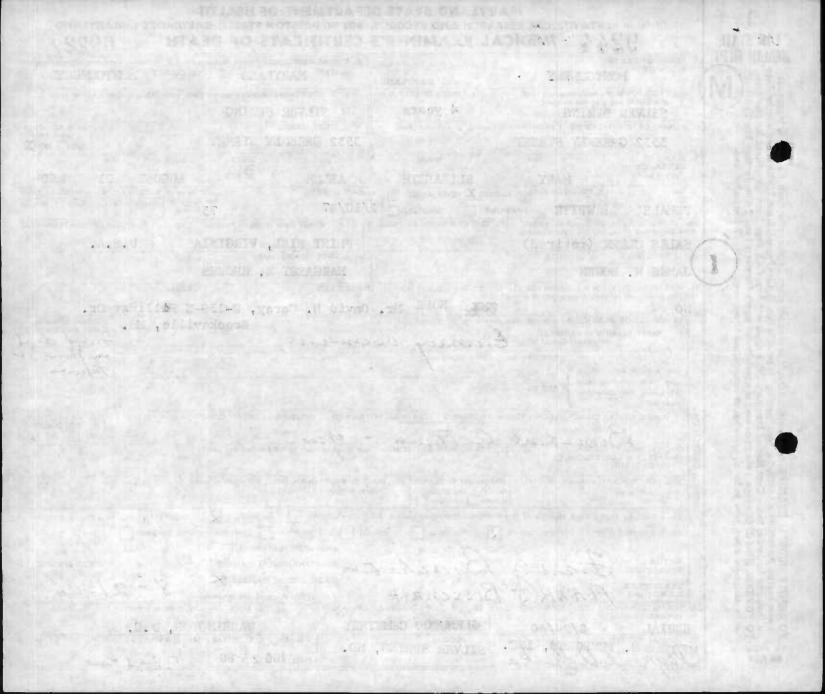
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10000

	JA	4.7 MEDICAL	- LAMMINER 3	CERTIFICAT	L OF DEATH	113	1247
1.	PLACE OF DEATH	1		2. USUAL RESIDEN	CE (Where decessed lived, If	institution: Resident	ce before admission)
	o. COUNTY MO	NTGOMERY	MARYLAND	e. STATE MARY	LAND b. cou	MONTGO	OMERY
1		if outside corporate limits, I give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, writ	e RURAL end give r	neerest town)
	SILVER		4 years	SILVER	SPRING		
		TAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
	3532 GR	EENLY STREET		3532 GREENL	Y STREET		ON A FARM?
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day	Yeer
	(Type or print)	MARY	ELIZABETH	ALLEN	OF DEATH A11	GUST 21	19 60
5.	SEX			B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
	Acres de la constante de la co	7. 70000	THE TEN MANAGES		last birthday)		Hours Min.
	FEMALE	WHITE WIDOW		2/10/87	73 yrs.		
		ION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stele	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
		K (retired)		FLINT HILL	VIRGINIA	U.S.A.	
	FATHER'S NAME	(2002200)		1 14. MOTHER'S MAIDEN		0 8 0 864	
	JAMES W. B	OWEN		MARGARET			
1			SOCIAL SECURITY NO. 17.				
		fyesgive war or detes of service)		IMPORPIAGE	Addres	S	
	NO	38	NONE Mr.	David H. Car	ey, D-139-E H	alliday Di	r.
		EATH [Enter only one cause per	line for (e), (b), and (c).]		Brookeville		ERVAL BETWEEN
		H WAS CAUSED BY:	D 11.1.	chescon		D.	SET AND DEATH
	LIND	IMMEDIATE CAUSE (a)	rinary or	owen		7.	1) cust
	720	DUE TO '					from at
	Conditions, if eny	1-7				p	me
	gave rise to immedi (e), stating the up	DIJE TO					
	cause lest.	(c)				- FT	
z	-	SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 1 1	WAS ALITOPSY
CERTIFICATION	6	` _	0			The state of the s	PERFORMED?
5		uncheal 6	isthmu	- yras.		Y	ES NO
KTIE	20a. EXTERNAL CA		IBE HOW INJURY OCCURED. (Enter nature of Injury In Part	t I or Pert II of item 18.)		
8	CAUSE OF DEATH.						
CAL	20c. TIME OF INJU	IRY Month, Day, Year 20d.	INJURY OCCURRED 200. PLA	CE OF INJURY (Home, ferm	, 20f. (City or town)	(County)	(Stete)
MEDIC	Hour e.m.	While	party of the party of	tory, street, office bldg., etc.)		
×	p.m.	19 at wor					
	21. I certify th	nat I took charge of the rem	nains described above, he	eld an Autopsy,	Inspection , Inqui	ry 🗶, and	in my opinion
	death resulted f	from: Natural causes 🛂	, Accident , Suic	ide , Homicide	, Undetermined n	nanner	
	MILLER		0	CHIEF MEDICAL E	XAMINER []		
	ACTUAL	7 . 0	12		ICAL EXAMINER		ATE SIGNED
	SIGNATURE	Island 1	Inschau				ALE SIGNED
	EXAMINER'S	FI A WING F	2	DEPUTY MEDICAL	EXAMINER ,	8-21	-60
	NAME (Type)	Franku.	poschart		city, town, or county)		- 000
22	REMOVAL (Specify)	DN, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town	i, or country)	(State)
	RUPTAT.	8/24/60	GLENWOOD CEME	TERY	WASHINGTON,	D.C.	
23	FUNERAL DIRECTO	BUMDEDESS THE	ADDRESS			GISTRAR'S SIGNATU	IRE
X	BNER E	Ping in b	SILVER SPRING,	MD.	IG 25 '60	-1 01-	
1	Aug 11 bull	d. with		I DATE AU	14 2 3 00 (Thung & Three	



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9320 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9320	CERTIFICA	TE OF DEATH		03223
1. PLA o. C	CE OF DEATH OUTGOMEN CO	MARYLAND	2. USUAL RESIDENCE (Who. STATE	nere deceased lived. If institut b. COUNTY	ion: Residence before admission)
W.	WALL ond give nearest town Troor -	LENGTH OF STAY IN 16 22 years	c. FITY OR TOWN (IF o	outside carporote limits, write I	RURAL and give parest town)
d. N	NAME OF HOSPITAL (If poy in hospital, give street add or INSTITUTION	ress)	Otal Mor	nt Road	e. IS RESIDENCE ON A FARM? YES NO
	ME OF EASED Allmitto,	Middle	Lost	4. DATE OF DEATH AUG	NULL - 30 -1960
S. SEX	Whate Mute WIDOWED	-	B. DATE OF BIRPH	9. AGE (In years lost birthdoy) 96 yrs.	Months Days Hours Min.
10a. U.	GUAL OCCUPATION (Give kind of work done 10b. KIN ring most of working life, even if retired)	D OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
18. FAT	Hulliam A. Cor	upton	James Maiden	Bolon	
1S. WA (Yes, no.	S DECEASED EVER IN U. S. ARMED FORCES? or unknown) Ilf yes, give war ar dates of service)	MONE,	NEGRMANI T. L. Larl	y Mashine	gton grave, Mg
18.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (o), (b), and (c).	lity	1	INTERVAL BETWEEN ONSET AND DEATH
	450, O DUE TO ASTA	mo-sel	elsis - g	occurling	yeurs
C	ove rise to immediate buse (a), stating the under-	Thritis +	nothiou	id	yeare
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. ACCIDENT WAS UNDERLYING 20b. DESCRIB CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II af item 18.)	
WEDICAL 302	TIME OF INJURY Month, Doy, Year 20d. INJU While of work to the of work to the control of the con	Not while fo	LACE OF INJURY (Home, farm octory, street, office bldg., etc.		(County) (Stole)
	I certify that (I) (this haspital) attended we the deceased olive on 300	12	death accurred at	37 to 74 119 -	30, 1960, that (I) (we) last and on the dote stated above.
22	o. SIGNATURE SILVAN &, D.	Aller	ATTENDING MI		22b. DATE SIGNED
22	NAME (TYPOVILLE IAM C	MILLE	R 7-Brook	any gain	thanking, Mg
	Urial Cremation, 23b. Date thereof 2: Sept. 2 1960	Prospect	R CREMATORY H111	23d. LOCATION (City, town, Front Ro	or county) (Stote) Virginia
24. FUI	AREAL DIRECTOR'S SIGNATURE	tonsville,	Md. DATE SE	D BY REGISTRAR 255. REG	ISTRAR'S SIGNATURE
					ather & House

Name of the state 27 100 1717 Manual Transfer Land - Come Historican Store Date & Triangle 20 th family filling a fuglish of the Just a wind a com 12 - 15 67 90 4 15 views some seeking promote, the 118th Remains A Completee Someon believe more the Indiana homewater free her July 1866 Buch 1 /200 ATTERNET SELECTION OF SHIP LOVE William Talle fine com WIRELAM & MINNER O- BORRO LIKE GROWN STREET turned - Litt Josephon Prospect Hill - Erone Sect one was all twentered the trees of

MARYLAND STATE DEPARTMENT OF HEALTH 932 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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rs after death. Page 4

law requires that the deoth certificate be executed within 24 hg

the attending physicion and completely filled in by the funeral director, Then please remove corbon papers. Pages 1 and 2 shauld be filed with

D HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the haspital or attendid by straight.

Second of Hospital or attendid by straight or attendid by straight or attending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remayal, and in ony event, within 72 hours after death.

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VR	A15	(4)
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1. PLACE OF DEATH COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Florida Orlan	. /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give near limits) c. CITY OR TOWN (If outside corporate limits, write RURAL and give near limits) c. CITY OR TOWN (If outside corporate limits, write RURAL and give near limits)	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda 11, Md. 913 Buckwood Drive	. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Dean Anderson DEATH August 4. DATE Month Doy DEATH August 4. DATE OF DEATH DEATH AUgust 4. DATE OF DEATH AUgust 4. DATE OF DEATH D	Yeor 19 60
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVEMber, 30, 1942 8. DATE OF BIRTH November, 30, 1942 9. AGE (In years last birthdoy) Months Days 17 yrs.	Hours Min.
during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Leonard H. Anderson Lorraine M. Schuman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address (Yes, no, or unknown) (If yes, give war or dates of service)	
No None The Clinical Center, Bethesda 14, Mar	yland
PART I. DEATH WAS CAUSED BY: Cardiac Arrest DUE TO Conditions, if ony, which gave rise to immediate DUE TO Congenital Heart Disease with Aortic Stenosis &	RVAL BETWEEN T AND DEATH Minutes
lying cause last. Patent Ductus Arteriosus	. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	YES 🔼 NO 🗌
20c. TIME OF INJURY Month, Day, Year Not while of wark at work 19 wark at work 19 work 19 wark 19 wark 19 work 19 wark 19 work	(Stote)
sow the deceosed alive on August 4 19 60, and that death occurred 430p M, from the couses and an the date 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) BENSON R. WILCOX, M.D. 22d. ADDRESS The Clinical Center, Nation Institutes of Health, Bethesda 1	nal
230. BURIAL, CREMATION, REMOVAL (Specify) Bur-Transit 8/5/60 23c. NAME OF CEMETERY OR CREMATORY Orlando, Florida	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
Robert A. Pumphrey Bethesda, Maryland DATE AUG 8 '60 Cutter 8 King	

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orlands, Ploride	the second of	Baringada, in	it d/s/60	

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: Certificate should be executed within 24 hours after death. If at has is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the Numeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or Health, or its designated agent, prior to burial, cremation, or removal, and in any event virtin 72 hours after death.

VS. A15ME SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence befora edmission)
		a. STATE b. COUNTY	
\ _	MONTGOMERY MARYLAND		UT Gomery
/	b. CITY OR TOWN (if outside corporate mails c. LENGTH OF STAY IN 1b with RURAL and give nearest town) I a k oma	c. CITY OR TOWN (If dutside corporete limits, write RURAL end s	riva naerest town)
	JANA Park DOA	5.1.00	
-	ACCOUNT OF THE PROPERTY OF THE PARTY OF THE	Silver Spring	I e. IS RESIDENCE
4	d. NAME OF HOSPITAL OR NSTITUTION (It not in hospital, give street address) Washington Sanlitarium & Hospita	d. STREET ADDRESS	ON A FARM?
/	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	812 Tallow Drive	
3	NAME OF First Middle	Last 4. DATE Month	Day Van
1	DECERCED	A OF	De y Faar
	(Typa or print) PASQUATE N.MN	POUILINO DEATH AUG	1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
	M = 12 1Ta 10 1	Month 19, 1884 last birthday) Months De	
	Mare Trans WIDOWED DIVORCED	HPRIT 17, 100 7 76 yrs.	
	Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
0	one during most of working life, even if retirad)	1 N. 1 7-1 H	MER. U.S.
	Shoemaker OWN Busines	si ivapies tiary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
V	DISONTIS ZachARY ADUILING	DISANTIS	
15			
	(es, no, or unkown) (If yes giva we rordates of service)	Zachary Aquilino-5405 -21s	+ 1770
	NO	he refres the miner where the refres we refres to the time to the time.	D TYVO
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	ALLEN AND AND ALLEVI	INTERVAL RETWEEN
	A CONTRACTOR OF THE CONTRACTOR		ONSET AND DEATH
	IMMEDIATE CAUSE (e) Coronary of	elusion	suddle
-	470 DUE TO		
-			
10	Conditions, if any, which (b)		
	gava rise to immediate cause DUE TO		
	(e), stelling the underlying causa last,		
1		OT BELATER TO THE TERMINAL DISEASE COMMITTION CIVEN IN BART S	-VI 10 WAS ALITORSY
1 6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IS	PERFORMED?
15			YES NO
CERTIFICATION	2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.)	
123	PRIMARY OF CONTRIBUTING		
-			
WEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County	(State)
ă	Hour e.m. While Not Whila fac	tory, street, office bldg., etc.)	
X	p.m. 19 et work at work		
	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection K, Inquiry K,	and in my opinion
1		ide , Homicide , Undetermined manner	
	death resulted from: Natural causes Accident , Suice	ide, Hothicide, Onderermined manner	
N	1 1	CHIEF MEDICAL EXAMINER	
	SIGNATURE Travel & Broschart	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
4	SIGNATURE MUSICAL STREET	M,D.	
1	EXAMINER'S Z	DEPUTY MEDICAL EXAMINER 🗵 8-2-	60
	NAME (Type) / LANK J, 12+05Chart	Address (Street, city, town, or county)	
22	e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country)	(State)
	REMOVAL (Specify) 8/11/60 St Montal S	Camatany Washinston D C	
		Cemetery Washington, D. C	
	3. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGI	
1	The S. H. Hines Co. Washington, D	. C. DATE AUG 3 '60 Cultur S.	/ Coasson
		DAIL	

MARKAME STATE BYD AND MARKET OF HEALTH the owner is continued a contract of the land of the contract of the following and the land of the land Last woll & methodisk at mating EN THURSDAY and the second s The state of the s Sure at the sure of the sure o lag C. H. Biger Do. Worth netter, U. C. Lan H. J. 3 200

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TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be executed within 24 hours ofter death. Page 4		uneral d	oge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with		
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ofed ,		mple	pers.	the State Board of Health priar ta burial, cremotian, or removol, and in any event, within 22 hours after death.	
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low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN

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1. PLACE OF DEATH o. COUNTY Montgome	ry		MARYLA		o. STATE West Virg		d lived. If institution b. COUNTY	an: Resident	ce before a	dmission)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL ond g	ive nearest	town)
Bethesda			67 days		Martinsbu	rg			85)	(-3
d. NAME OF HOSP OR INSTITUTION	PITAL (If nat in hospital, o	give street	address)		d. STREET ADDRESS					S RESIDENCE
The Clin	ical Center	, Bet	thesda 14, M	d.	Route 4,	Box 30	OAA		YI	ES NO 🔀
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Man	th	Doy	Year
(Type ar print)	Ann	ie	Elizab	eth	Armstrong	DEATH	Augu		15,	19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER MARRIED	☐ B. 0	DATE OF BIRTH	55-1-4	9. AGE (In years lost birthdoy)			UNDER 24 HRS
Female	White	WIDOW	ED DIVORCED		June 8, 190	8	52 yrs.	Monnas	Doys	Mill.
Oa. USUAL OCCUPAT	TON (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR'	Y 11. BIRTHPLACE (Stote	e ar fareign c	ountry)	12. CITI:	ZEN OF WI	HATCOUNTRY
Housewif		"	None		Virg	inia			U.S.	.A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Dennis R	linker				Betty Rin	ker				
IS. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	RMANT The Med		ecord Adde	ess		
(Yes, no, or unknown)	(If yes, give war ar dates of	service)	None		Clinical C			21.	Marv]	land
	EATH Enter only and co	use per li		2110	V	011001	1000110000			AL BETWEEN
	EATH WAS CAUSED BY:		cute Renal I	2-27	0	. 71			ONSET	hours
Conditions, if gove rise to couse (o), stoting	immediate () M	etastatic Sc	uamo	us Carcinom	a, Pri	mary Unk	nown_	22	months
lying couse los		2)								
CATIC			CONTRIBUTING TO DEAT					EN IN PART	P	WAS AUTOPSY PERFORMED? ES NO
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Por	t II of item 1B.)			
ZOc. TIME OF INJU Havr a. m p. m	. 10	20d. 1 While of wor	Nat while		OF INJURY (Home, far y, street, office bldg., et		ar town)	(0	County)	(State
			ded the deceased fi							
22a. SIGNATURE	Dincon	IR!	Bono IT	. M.E	ATTENDING	MED.	STAFF	d dir inc		22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)		Bone	Jr. M.D.	I - 1	² The Thini of Health	cal Ce	nter, Nat		Inst	
23a. BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE THERE	OF	23c. NAME OF CEMET			23d. LOCA	TION (City, town, or tinsbu	ar caunty)		(State) Va.
24. FUNERAL DIRECTO		,	ADDRESS	1000	2So. REC	D BY REGIS	TRAR 2Sb. REGIS	STRAR'S SIC	SNATURE	
Harred ,	H Brown	1	Martinch	27.07	W TO DATE	AHC 1	0 100	0 11	0 60	

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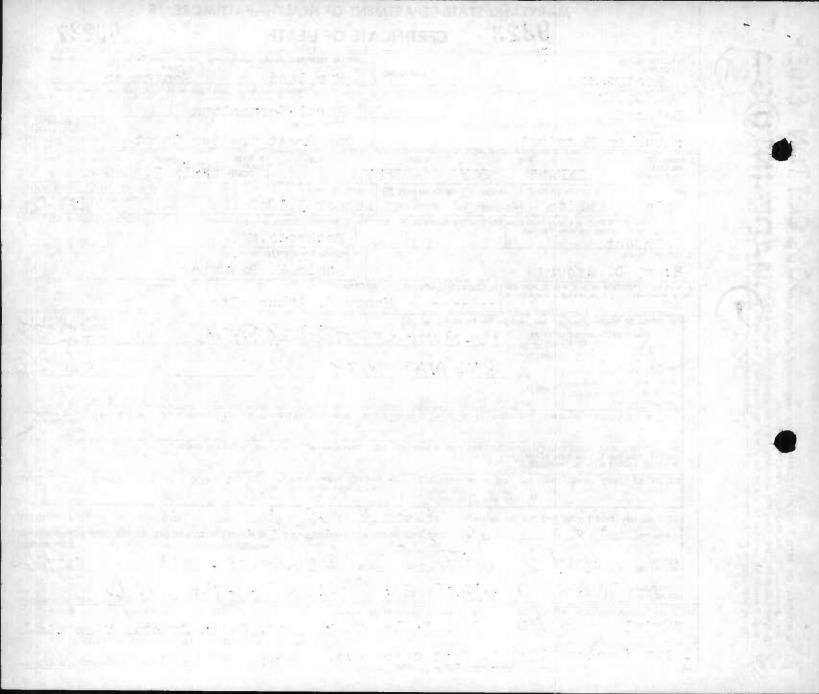
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 9324 CERTIFICATE OF DEATH

09228

1. PLACE OF DEATH o. COUNTY M	lontgomery		MARYLAND	O STAT		here deceased	lived. If instituti b. COUNTY	on: Residence	before admir	usion)
b. CITY OR TOWN RURAL ord give Wheaton	(If outside corporate lim nearest town)	its, write c. LE	ength of stay in 16		or town (If a	1000	te limits, write R	URAL ond giv	ve nearest tow	(n)
d. NAME OF HOS	A	Home	ss)		et address 32 Beli	mont F	Road N.	W.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Minna		Middle N1	emann	Baggs	4. DATE OF DEATH	Aug		Pay	19 ⁶⁰
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF 3/9/	1888	9	AGE (In years lost birthdoy) 72 yrs.		YEAR IF UND	7
10a. USUAL OCCUPA during most of w Housew:	TION (Give kind of work orking life, even if retired 11e	done 10b. KIND	OF BUSINESS OR INC		THPLACE (Stote		entry)		S.A.	COUNTRY?
13. FATHER'S NAME	am Niemann				Marie		TO RELIE		MIL.	
	VER IN U. S. ARMED FOR	RCES? 16. SOCIA	-03-5549	INFORMANT	liamE.	Niems	- Add	S.Or	ange	Ave.
Conditions, if gove rise to couse (o), stotic lying cause lo	immediate ng the under-	art	mo 5	Vacilie	oul	Su	lecie	lyli) ye	an
OR CONTRIBUTION SON ACCIDENT OF THE PROPERTY	THER SIGNIFICANT CON WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	qu	e-19	ren	uous	Ce O	PERF YES [ORMED?
WEDI VALUE OF INJ	n. 10	While of work	Not while		JRY (Home, farm office bldg., etc		or town)	(Co	ounty)	(Stote)
	hat (I) (this haspite eased alive an	attended t		death acc	IDING M	A) fram t	he causes an	nd an the		(we) last ed abave. b. DATE STIGNED
22 PURIAL CREAM	C. D.	UNK	1ecf		DDRESS 46	2-1	TA	tu	W	-1-1
REMOVAL (Speci	1 8/13/6				metery	Wash	ON (City, town,	DC		ote)
The S.H.	mm	-2901	ADDRESS Wash.	PCw.	250. REC	D BY REGISTR		STRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09229

ers after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN I low requires that the death certificate be executed within 24 pears after death. Page 4 may be retained by the hospital or attend. Aysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. The page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

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		0()(-)	CERTIFICA	AIL OI DEAII		
	Montgomer	'n	MARYLAND	a. STATE	Where deceased lived. If institution b. COUNTY of Columbia	n: Residence before admission)
ŀ	RURAL ond give ne Bethesda	f outside corporate limits, write carest town) (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RU	JRAL and give nearest town)
1	OR INSTITUTION	AL (If not in hospital, give stre		d. STREET ADDRESS 2220 20th	at.	e. IS RESIDENCE ON A FARM? YES NO X
1	NAME OF DECEASED (Type ar print)	First Miria r	Middle n Frve	Lost BALT-ARD	4. DATE Mont OF DEATH ALIG	Doy Year
5. 5	SEX		RRIED NEVER MARRIED			IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female	Caucasian WIDO	WED DIVORCED	11-21-84	75 prs.	Months Doys Hours Min.
10a	 USUAL OCCUPATION during most of work 	ON (Give kind of work done 10 king life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	U.S. Nav		U.S. Navy	Distric	et of Columbia	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
V	Melville	BALLARD		Grace Ann	FREEMAN	
15. (Yes		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Walter E. BALI	Addr.	
CERTIFICATION	Conditions, if or gave rise to it cause (a), stating lying couse lost. PART II. OTH	the <u>under.</u> DUE TO (c) IER SIGNIFICANT CONDITION	CARCINOMA THY		MINAL DISEASE CONDITION GIVI	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d Whi 19 at w	le Not while	PLACE OF INJURY (Home, far loctory, street, affice bldg., e		(County) (Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	0 00	1. Hines	M.D. ATTENDING PHYS. 22d. ADDRESS	000 to 8-22- 0000 Mam the causes and other phys. Phys. 12 al Hospital, Bet	d an the date stated abave. 8-23-60 **The state of the
230	BURIAL, CREMATIO REMOVAL (Specify) REMATTO	N, 23b. DATE THEREOF	FORT LINCO	IN CREMATOR		RGES COUNTY MD
24.	Martin W	Hysong Co., I	300 N St., N.W.		AUG 2 4 '60 256. REGIS	TRAK'S SIGNATURE

etimenet to some and the Les Joseph Laver Joseph Laver All Allowed to subject the large of Columbia as Haras for man nonvin-AS HE CENTRAL CHARGES IN THE LIGHT OF THE EAST - 25- T- 122- C- 122- T- 125- T- 125-A STATE OF THE PARTY OF THE PAR the wholes the state of the second the second the second that -70

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9263 CERTIFICATE OF DEATH

	1	-	9	2	3	()
100		be	far	e ac	dmis	sion)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)					
o. COUNTY ON COMPY MARYLAND	ostate Mary and b. county Montgomery					
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Takoma Park Imo 12day	Silver spring					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS					
Washington Senterium + Hosp	10208 Sutherland Noad. YES NO					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
(Type or print) Howard William	1021es SR DEATH 8 29 19 60					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
M2 e White WIDOWED DIVORCED	11-18-11 48 yrs. moining bays mois min.					
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Floor Finisher	ny u.s					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Louis Betes	Helen O Connor					
	INFORMANT Address					
(Yes, no, or unknown) Ves WW # 2 577-07-7398	espital Records					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: When a randial	PA DILES Q					
1432 X DUE TO DUE TO						
Conditions it may which \ (PB > 0 And 1 A)	(spenicarditia)					
gove rise to immediate						
couse (a), stoting the under. DUE TO lying couse lost.						
, (0)						
PERFORMED?						
X aentaco Cinhon YES NO □						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH Uffectiver, NOTIFY MEDICAL EXAMINER)						
	ACCOR INJURY (I)					
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work						
p. m. 19 at wark at work						
21. I certify that (I) (this haspital) attended the deceased fram.	JULY 17 1960, to HU4 29 1960, that (1) (We) last					
saw the deceased alive an AuG. 29 1966, and that	death accurred at P.M., from the causes and an the date stated bove.					
224. SIGNATURE	22b. DATE					
Marrell (- Sunnam J.	M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF					
22c. PHYSICIAN'S	22d. ADDRESS					
MORRILL C. QUINNAM, JR.	7600 CARROLL AVE. TAKOMA PARK, MD.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown, or county) (State)					
BURIAL (Specify) 9/2/60 ARLINGTON NAT	C'L. CEMETERY ARLINGTON, VIRGINIA					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
WARNER E. PUMPHRAY, INC. SILVER SPRIN	NG, MD. DATE SEP 6 '60 archer S. Kraus					
the state of the s						

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ow requires that the death certificate be executed within 24 h

TO HOSPITAL OR ATTENDING PHYSICIAN:

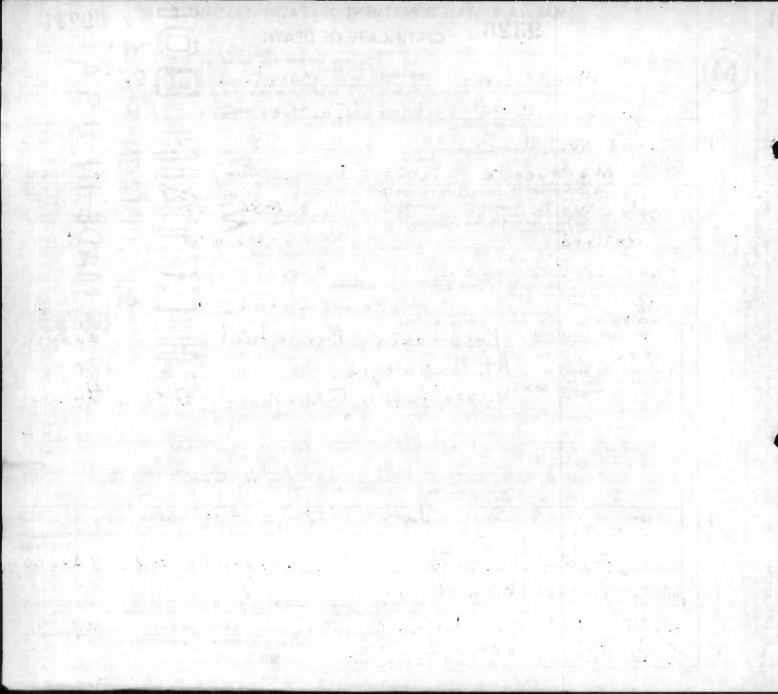
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9326 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09231

-		Transfer of the second	
1.	PLACE OF DEATH a. COUNTY Montgomery MARYLAN	ND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE May and b. COUNTY May	1
5	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1 RURAL and give nearest tawn) Gai Hersburg, Md RFO=3 1 yea	X ()	ive nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION, CLageth Rest Hame	1. R.F.D. # 3	e. IS RESIDENCE ON A FARM? YES NO D
3.	NAME OF DECEASED (Type or print) Marquerite Touta	ant Beauregard 4. DATE Month OF DEATH Aug	Day Year 3 1960
	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [July 3, 1881 last birthday) Manths 79 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	New Orleans, La.,	U.S.A.
13	Rene T. Bezuregard	14. MOTHER'S MAIDEN NAME Alice Cenar	21
15	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	Mrs. J. B. Diamend, Quince Orc	hard, Md.
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause lost. Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO (b) DUE TO (c) Previous Picture (c) DUE TO (c)	a, Bronchial egra ive Cardiovascular Disease	Interval Between onset and Death 2 days 7 days
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART URRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	PERFORMED?
MEDICAL CER		te. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (C factory, street, office bldg., etc.)	Caunty) (State)
	21. I certify that lattended the deceased fram Jin I alive an 200, and that deceased fram Jin I alive an 1960, and that deceased fram Jin I alive and the 1960, an	eath accurred at 12° AM, from the causes and an the ADDRESS (Street, city or town, stote) M.D. BAYNESVILLE, Mod.,	st saw the deceased date stated abave DATE SIGNED
22	BUCIE BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER BUCIES AUG. 5, 1960 St. Rose	RY OR CREMATORY 22d. LOCATION (City, town, or county) Cemeters Cloppers.	(State)
23	FUNERAL DIRECTOR'S, SIGNATURE 316 E. Diamond 1	Ave 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG DATE NG 5 60 Cithus &.	



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(State)

	93	27	CERTI	FICAT	E OF DEATH	1		(10	1,00
1. PLACE OF DEATH o. COUNTY	GOMERY		MAR	RYLAND	2. USUAL RESIDENCE (V o. STATE MARYLA		b. COUNTY	Residence before TGOMERY	ore admission)
	(If outside corporate lim	nits, write	c. LENGTH OF STA	YIN 1b	c. CITY OR TOWN (IF	outside corporate	limits, write RUR	AL ond give ne	arest town)
OR INSTITUTION	TTAL (If not in hospital,		1 HOUR		SENECA d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	int ME R	Midd		Lost BELL	4. DATE OF DEATH	Month AU G		Yeor
S. SEX	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARI		9/24/85	: 10		Months Days	R IF UNDER 24 HRS Hours Min.
during most of wo	ION (Give kind of work orking life, even if retire center	done 10b. k d)	CIND OF BUSINESS	OR INDUST	11. BIRTHPLACE (Stor		γ)	12. CITIZEN O	• A.
	ZE WESLEY (FR IN U. S. ARMED FO (It yes, give war ar dates of	RCES? 16. S	SOCIAL SECURITY N	0	DRMANT PITAL RECOR	BUCKE E	lizabet) Address IEY. MAR		Perry
Conditions, if gave rise to couse (o), stoting lying couse lost	the under-	D)		<i>y</i>					
13	THER SIGNIFICANT COIL	pre	ONTRIBUTING TO D	EATH BUT N	of related to the teri	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)		RIBE HOW INJURY	OCCÚRRED.	(Enfer noture of injury in	n Port I or Port II o	f item 18.)		
W 20c. TIME OF INJU	10	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Home, for rry, street, affice bldg., e	rm, 20f. (City or telc.)	own)	(Caunty	r) (State
21. I certify the saw the deceded 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Charles	S.l	ed the deceased 1960, and M. D.	d that de	D. ATTENDING D. PHYS. 22d. ADDRESS	MED S	TAFF HYS.	an the dat	hat (I) (we) last e stated abave 22b. DATE SIGNE
23a. BURIAL, CREMATI REMOVAL (Specify Burial	(ON, 23b. DATE THERE	OF	23c. NAME OF CE		lemetery	23d. LOCATION MONTOV			(State) Maryland URE

may be revained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate rias been signed by page 3 shauld be detached for use os the burial-transit permit. The State Board of Health prior to buriol, crematian, or removal, TO HOSPITAL OR ATTENDING PHYSICIAN VR A1S (4) 1SM 9/59

the funeral director

comp paper

the attending physician

by

Then please remave carbon paper ond in ony event, within 72 hours

after death. Page

requires that the death certificate be executed with

Frederick, Maryland

AUG 3 1 '60

RAR'S SIGNATURE

arihur S. Frank

0 6 0 0 0 0 Maryland ARMED - XERRY : ARREST INTERIOR STAILED STAIL CONTROL SEATON SEE heal and .c. .Let efforth gradened fill onescell Conference Tables in Production Maryland

page 3 should be detached far use as the burial-transit permit.

VS A1S (4) 1SM 9/S8

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9328 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

09233

Reg. Dist. No.

b. CIVY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	- CITY OR TOWN US				
	6hours20min	Bethesda	outside corporate limits	, write RURAL and give	e nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Suburban	oddress)	d. STREET ADDRESS	tree Rd.	1	IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Van Tuyl Point	Middle Hart	BIEN	4. DATE OF DEATH	Month 8/1	Day Year 9 160	
S. SEX 6. COLOR OR RACE 7. MARRI	IED M NEVER MARRIED	8. DATE OF BIRTH	9. AGE (YEAR IF UNDER 24 HRS.	
		2/15/87	73	угз. 6	rious min.	
during most of working life, even if retired)		Wash.	or foreign country)	12.CITIZE	N OF WHAT COUNTRY?	
) Morris Bien		What Viel	NAME Hart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no. or unknown) (If yes, give war or doles of service)	SOCIAL SECURITY NO.	NFORMANT	Bin	Address	Tern XII	
19 CAUSE OF DEATH (Series only one source one line	a for (a) (b) and (c) ?	vigation.		00000	INTERVALUETWEEN	
BADT I DEATH WAS CAUSED BY		farction, a	nt-hat, r	nassive	ONSET AND DEATH	
Conditions, if only, which gove rise to immediate (b) anteriosclerosis & hypertension 20 yrs.						
lying couse lost. (c)	chetes m	ellitus			5745	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO	
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of iter	18.)		
ZOC. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while foo	ACE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (City or town)	(Cou	inty) (Stote)	
21. I certify that I attended the decease	ed fram July	19 14, to 1	9AUG	19 6 Shat I last	saw the deceased	
alive on 19 ADD , 19 60, and that death occurred at 65 PM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE COME VILLE	fra	M.D. Marja	lke Be	ildenax	8/19/60	
PHYSICIAN'S John M. Wyman		Ber	hesda	maryla	nd	
220. BURIAL, CREMATION, 22b. DATE THEREOF 8/22/1960			22d. LOCATION (City Suitland	7.	(Stote) aryland	
22-FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Bethes				ATURE	
	OR INSTITUTION Suburban 3. NAME OF DECEASED (Type or print) Van Tuyl 5. SEX 6. COLOR OR RACE Male White WIDOWE 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) 16. CAUSE OF DEATH [Enter only one couse per lined part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) My DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year 20d. IN White of work advised by the under life of work and the under life of work (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the decease alive on 19 FM William of work and the under life of work and the under life of work and the under life of work (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the decease alive on 19 FM William of work and the under life of work and	OR INSTITUTION Suburban 3. NAME OF DECEASED (Type or print) Van Tuyl	3. NAME OF DECEASED VR TUYL 3. NAME OF DECEASED TO PINT Van TUYL 3. NAME OF DECEASED WAS C. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 2/15/87 10. USUAL OCCUPATION (Give, even if retired) ATC hitect Unknown Unkn	Suburban 3. NAME OF DECEASED (Type or print) Name of Deceased (Type or print) S. SEX Male Male Male Middle Hart Middle Hart S. SEX Male Occupantion (Give kind of work done) Outring most of working life, even if retired) Architect Unknown No. State (Stote or foreign country) Outring most of working life, even if retired Architect Unknown No. Seather's NAME Occupantion (Give kind of work done) No. SEATHER'S NAME Occupantion (Give kind of work done) No. SEATHER'S NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of work done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) No. Seather's NAME Occupantion (Give kind of vork done) Occu	SUBJETOSIO SUBJETOSIO SUBJETOSIO SUBJETOSIO SUBJETOSIO S. PARE OF BIRTH DEATH S. SEX A. COLOR OR RACE 7. MARRIED NEVER MARRIED 100. USUAL OCCUPATION Give kind of work done 100. White WIDOWED 100. SUSIAL OCCUPATION Give kind of work done 100. SUSIAL OCCUPATION Give kind of work done 100. White 100. SUSIAL OCCUPATION Give kind of work done 100. SUSIAL OCCUPATION Give kind of work done 100. White 100. SUSIAL OCCUPATION Give kind of work done 100. SUSIAL OCCUPATION GIVE kind	

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law requires that the death certificate be executed within 24 haurs after death. Page

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uires that the death certificate be executed within 24 haurs a		gned by the attending physician and campletely filled in by the	permit. Then please remave carbon papers. Pages 1 and 2 s	in one asset within 70 hours after done
TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be executed within 24 haurs a	may be retained by the haspital ar attending ysicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 s	the resistron prior to busing greatures or removed to any action 70 hours often death

the registror

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9304 CERTIFICATE OF DEATH

09234

	Reg. Dist. No.
1. PLACE OF DEATH SOUNTY MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Man + 122 MPM
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	
d. NAME OF HOSPITAL (If notify hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) LETHA Middle	BLAND 4. DATE Month Day Year DEATH AUG 22 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [WIDOWED DIVORCED [ast Inchday) Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MAY 4 and 15. A.
13. FATHER'S NAME Phillip Jackson	14. MOTHER'S MAIDEN NAME, ADAMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war or dates of service]	17. INFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse last.	OGENIC CARCINOMA INTERVAL BETWEEN ONSET AND DEATH & MINES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	URRED. (Enter nature of injury in Port I ar Port II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year While Not while of work of work	e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
ACTUAL SIGNATURE JOURNA COLOR COL Berny	The control of the course and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
	10511 Summit Avenue, Kensington, Maryland
BUTIA (Specify) 8-25-60 ASG Mem	lorial, Sandy Spring, Md.
23 TONERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 2 5 60 Criting & Krause

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death.

HISTORY SALIDINGS TO PESCO HONFYOMERY - PRINCIPLAND ERICHTYONER THE SPACE STORE SERVET PAIRLING NORSING HOME WORES THONKINGED DIE Harry John Brober Street A STATE OF THE SEAL OF A STATE OF THE STATE End yet when a set of the second when the companies of the particular of the part A PORTON SHOW ON THE REAL PROPERTY OF THE PARTY OF THE PA AIM 3 30 Sept. - 87-1 71 Commence of the Commence of the Pada - A Colombia ARTHUR DON'T BUT I THE WAR PLANT THE LAND THE PARTY OF TH en\c\a Market Prince Control of the Control

VS A15 (4) 15M 9/55

-	MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
	9264	CERTIFICATE	OF	DEATH		R

8 09236 Reg. Dist. No. ひだいい

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Mont gome ry MARYLAND	o. SIATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
1	d. NAME OF HOSPITAL (IEno) in hospital give threehoddress) Home 7300 Baltimore Avenue	d. STREET ADDRESS 1673 Columbia Road, N. W. o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF First Middle DECEASED (Type or print) Beatrice Larman E	Lost 4. DATE Month Day Year OF DEATH August 1, 19 60
	5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH February 8, 1880 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired P.B.X. Operato	
	13. FATHER'S NAME Larman	14. MOTHER'S MAIDEN NAME Unobtainable
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yor. no. or unknown) (If yex, give wor or dates of service) 579-32-7588 C1	NFORMANT Address Washington, DC arence G.Brown- 2702 Wisconsin Ave.N.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	onasy Edema Interval Between ONSET AND DEATH o
)	Semlity - arter	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
/	21. I certify that I attended the deceased from Dac 3	accurred at 8:15A M from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 918 Ellewer Shima Mel
1	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O BURIAL (Specify) 8/3/60 Cedar Hill	Cemetery Prince Georges County, Md.
1	23. FUNERAL DIRECTOR'S SIGNATURE 2901 14th St. N. Washington D. C.	We DATE AMG 2 160 24b. REGISTRAR'S SIGNATURE

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	PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral di	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be file	1
	fun	3	1
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TO HOSPITAL OR ATTENDING PHYSICIAN

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9245 CERTIFICATE OF DEATH

	9245		CERTIFICA	ATE OF DEAT	Н		Reg. Dist	10.92	237
1. PLACE OF DEATH o. COUNTY XXXXXX	Montgomen	v Co	MARYLAND	2. USUAL RESIDENCE (Wo. STATE	/here decease	d lived. If institution b. COUNTY		before adr	mission)
RURAL ond give n Silver	(If outside corporate lim learest town) Spring	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF University					
OR INSTITUTION	TAL (If not in hospital, gales woodle	100	oddress) [ursing Home	d. street address 4323 Tucke	erman	Street		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Jennie	rst	Middle Elsie	Bowen	4. DATE OF DEATH	Augu		Doy 11	Year 19 60
s. sex	6. COLOR OR RACE	7. MARR	DIVORCED	B. DATE OF BIRTH 6-7-1872		9. AGE (In years lost birthdoy) 88 yrs.	Profit Selection Selection Services	YEAR IF Ut Days Hou	NDER 24 HRS. Drs Min.
during most of wor	ON (Give kind of work rking life, even if retired SEWITE)	KIND OF BUSINESS OR INDU	Baltimore 14. MOTHER'S MAIDEN	, Md	ountry)	12. CITIZI	US	AT COUNTRY?
Is. WAS DECEASED EV	Brown. ER IN U. S. ARMED FOR (If yes, give war ar dates of			Laura INFORMANT Carville I	Loane Sowen	Add		Md.	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-)))		rotic HED					BETWEEN ND DEATH
20g. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH		CRIBE HOW INJURY OCCURRE				/EN IN PART	PEI	AS AUTOPSY REORMED?
20c. TIME OF INJU Hour o. m.	(MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d, 11 While of wor	Not while fo	ACE OF INJURY (Home, for octory, street, office bldg., et	rm, 20f. (City	or town)	(Co	ounty)	(Stote
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	David S C	19. (C)	Laynay		ADDRESS (S 1%. 4 dale,	the causes and treet, city of own, we - KIV	d an the stote)	date sta	Slill
220. BURIAL, CREMATION OF THE PROPERTY OF THE	8/15/60	OF .	Ft Lincoln	Cemetery	Col	TION (City, fown,		•	Stote)
F. Gasch	's Sons Hy	atts	ville, Md.		C'D BY REGIS	The state of	- Thur &		

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9330

b. CITY OR TOWN		MARYLAND	a. STATE	Carolina	b. COUNTY	n: Residence befar	e admission)	
RURAL and give	(If outside carporate limits, write	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		imits, write RU	RAL and give near	rest tawn)	
# d. NAME OF HOS	RUTAL (If not in haspitat, give str.	7 Months	Clinton d. STREET ADDRESS	<u>a</u>		>>X	. IS RESIDENCE	
OR INSTITUTIO	val Hospital	314 Bea	auregard S	St.		YES NOTE		
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE OF	Mant	h Day	Year	
(Type ar print)	Bobby	Joe	BOWLING	DEATH		ust 10	1,	
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		GE (In years st birthday)	Manths Days	Haurs Min.	
Male	Caucasian wide	OWED DIVORCED	9-14-34	2	5 yrs.	007.		
10a. USUAL OCCUPA during most of v	TION (Give kind of work dane 1	06. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Sto	ate ar fareign country)	12. CITIZEN OF	WHAT COUNTRY?	
	Navy	U.S. Navy	South Ca	arolina		U.S	.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Paul B	OWLING		Lila H	ENDERSON				
15. WAS DECEASED I	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	988		
Yes	Korean	Unknown	Navy Record	ds				
	DEATH [Enter anly ane cause pe			1		INTE	RVAL BETWEEN	
Canditians, in gave rise to cause (a), statilying cause to	immediate ong the under-	NS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TER	RMINAL DISEASE CO	NDITION GIVE	N IN PART I(a)	9. WAS AUTOPSY PERFORMED?	
PART II. (PART III. (P	NG CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Part II of	item 1B.)		YESXX NO	
	FY MEDICAL EXAMINER)							
20c. TIME OF IN.	n. WI		PLACE OF INJURY (Hame, for actory, street, affice bldg.,		awn)	(Caunty)	(State)	
21. I certify	hat (I) (this haspital) atte	ended the deceased fram	1-6-	1960 , ta 8.	-10	1960_, the	at (I) (we) last	
saw the dec	eased alive an 8-10-	1960 and that						
	saw the deceased glive an 8-10- 1960, and that death accurred at 5:20AMam the causes and an the date stated above 22a. SIGNATURE M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. SIGNED 81060							
)	r.	22d. ADDRESS U.S. Nav	al Hospit	al, Be	thesda, 1		
22c. PHYSICIAN' NAME (Type KENNE	TH F. SPENCE, J						Md.	
NAME (Type	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY Rose Lawn	OR CREMATORY	23d. LOCATION Peadmo	(City, town, a nt, S.(Md. (State)	

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L Hospital, Barneiras, Ma.		93		
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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	n. PLACE OF DEATH o. COUNTY Montgomer	y	MARYLA		usual RESIDENCI o. STATE Maryland	E (Where decease	b. COUNT			mission)		
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda					
1	d. NAME OF HOSPITA	AL (If not in hospital, give s			d. STREET ADDRE	SS				RESIDENCE		
1	The Clinica	1 Center, Ber	thesda 14, Md.		5513 Nor	thfield	Road			N A FARM?		
3	3. NAME OF DECEASED (Type or print)	Thomas	Middle Martin		Boyd,	Jr. DEAT		onth ugust	Doy 5	Yeor 19 60		
1	5. SEX	22 21	MARRIED NEVER MARRIED	_	ATE OF BIRTH	3.053	9. AGE (In year lost birthdoy)	Manths	1 YEAR IF U	NDER 24 HRS.		
-	Male		DOWED DIVORCED		igust 21,	1753	O yr					
	during most of work	ON (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITE	ZEN OF WHA	AT COUNTRY?		
-	Child		None			ington,	D.C.		U.S.	1.		
1	13. FATHER'S NAME			1.	4. MOTHER'S MAIE	DEN NAME						
		rtin Boyd, S				yn Bryai						
1	15. WAS DECEASED EVER (Yes, no, or unknown) {	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17, INFOR	MANT The	Medical	Record Ad	ddress				
1	No		None	The	Clinical	Center	Bethesd	la 14,	Maryla	and		
1	18. CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b), and (c).]						INTERVAL	BETWEEN ND DEATH		
	Conditions, if or gove rise to it couse (o), stoting lying couse last.	the <u>under-</u> DUE TO	Acute Lymphat:			TERMINAL DISEA	ASE CONDITION G	SIVEN IN PAR		Year AS AUTOPSY		
	PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S_UNDERLYING [20b.	. DESCRIBE HOW INJURY OCC	URRED. (E	nter noture of inju	ry in Port I or P	ort II of item 1B.)			RFORMED?		
- 1	. 1	CAUSE OF DEATH MEDICAL EXAMINER)										
	20c. TIME OF INJURY Hour o. m. p. m.	19	Vhile Not while t work of work	foctory	OF INJURY (Home, , street, office bldg	i., etc.)	ity or town)	Mali	County)	(Stote)		
	sow the deceas	21. I certify that (I) (this haspital) attended the deceased from March 7 1960, ta August 5, 1960, that (I) (we) last sow the deceased olive on August 5 1960, and that death occurre 8.20p.M, from the causes and an the date stated obave.										
	220. SIGNATURE	ralliop	MH	M.D.	ATTENDING PHYS.	MED. DIRECTOR				-60 SIGNED		
	22c. PHYSICIAN'S NAME (Type)	W. WALTER OP	PELT, M.D.		22d. ADDRESS Institu	The Cli	nical Cer Health, F	nter, N Bethesd	Vation la 14,	Md.		
	23a. BURIAL, CREMATIO BULLAL Specify)	8-8-60			Cemete		ATION (City, town	Md		Stote)		
	24. FUNERAL DIRECTOR' 7557 Wisc	s signature Ave Bethe	sda Md	mest	BAT	REC'D BY REGI		GISTRAR'S SIC				

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		9332	MAK I	ATISTICAL RESEARCH	AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	09240
1.	PLACE OF DEATH o. COUNTY Montgomery			MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY Maryland Prince	_
	b. CITY OR TOWN (If RURAL ond give ne Bethesda	outside corporate limi arest town)	ts, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUI Hyattsville	RAL and give nearest town)
	d. NAME OF HOSPIT, OR INSTITUTION The Clinic	al Center.		sda 14. Md.	d. STREET ADDRESS 2408 - 57th Place	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Dorot		Katheri	OF N	1
S.	Female .	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	District of Sixtill JO - Tell To I was to	FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
10	during most of work Housewife	N (Give kind of work of ing life, even if retired	done 10b. Kit	None	JSTRY 11. BIRTHPLACE (Stote or foreign country) Georgia	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME				14. MOTHER'S MAIDEN NAME	. 0.111.

Marie Redwine Joseph R. 17. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. No Unascertainable The Clinical Center, Bethesda Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH Pulmonary embolus PART I. DEATH WAS CAUSED BY: hours IMMEDIATE CAUSE (o' Carcinoma, breasts - bilateral DUE TO months Metastatic to bone & soft tissue gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 Uremia, anemia YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while of work at work

20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.)

21. I certify that (I) (this hespital) attended the deceased from. August 19 60, to August 2 .. 19 60, that (I) (-e) last and that death occurred at 2:45 Prom the causes and on the date stated above. saw the deceased olive on.

22o. SIGNATURI SIGNED ATTENDING

Clinical Center, National Haskins K. Kashima, M.D. Institutes of Health, Bethesda 11, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION.

Myer, Va. Arlington National 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Washington D.C. DATEAUG 5 arthur & Kinus

burial-tronsit may be retained by the TO FUNERAL DIRECTOR:

22c. PHYSICIAN'S

VR A15 (4) 15M 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

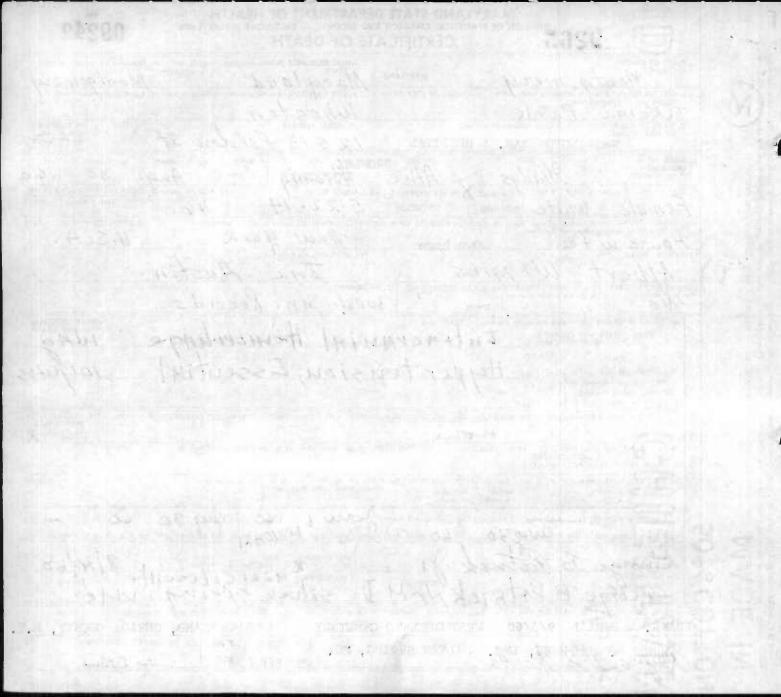
1. PLACE OF DEATH o. COUNTY Montgome		MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If ins b. COL		before admission)
b. CITY OR TOW RURAL ond giv Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		rite RURAL ond giv	ve nearest town)
OR INSTITUTIO	SPITAL (If not in hospitol, give street ON al Hospital		d. STREET ADDRESS	ler Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ann	Margaret	lost BRETTENSTETN	4. DATE OF DEATH	Month August	Day Year 1 19 60
s. sex Female	of Materials	RIED NEVER MARRIED	B. DATE OF BIRTH 3-21-17		eors IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work done 10b working life, even if retired)	U.S. Navy	LISTRY 11. BIRTHPLACE (Stote of Kentucky 14. MOTHER'S MAIDEN N.			S.A.
Fred BRE	ITENSTEIN		Florenc	e SCHOENLAU	BE	
15. WAS DECEASED (Yes, no, or unknown) Yes	(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Navy	Records	Address	
Conditions, i gove rise to couse (o), stoli lying cause to PART II.	immediate DUE TO	CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO (X)
OR CONTRIBUTE (IF EITHER, NOT 20c. TIME OF IN	ING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)		ounty) (Stote)
21. I certify	10	ded the deceased from		60 to 8-1-		_, that (I) (we) last
22o. SIGNATURI		clf	ATTENDING			22b. DATE SIGNED
22c. PHYSICIAN NAME (Typ	e)	L, LT, MC, USN	22d. ADDRESS U.S. Nava.	l Hospital,	Bethesda	a, Md.
230. BURIAL, CREMA REMOVAL (Spec Burial	TION, The PAIE WEEDS	23c. NAME OF CEMETERY Cave Hill Ce		23d. LOCATION (City, to Louisvill		cky (Stote)
24. FUNERAL DIRECT		Wisc. Ave., N	W., Wash. Do.Ge. Al	100	REGISTRAR'S SIGN	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9265 CERTIFICATE OF DEATH

	o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY ORTOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton
12	d. NAME OF HOSPITAL (tf nat in haspital, give street address) OR INSTITUTION	MARYLAND MARYLA
J		OF D
		B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
	dyring most of working life even if retired)	New York U.S.A.
1	(If yes, give war or dates of service)	FORMANT Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause last. Conditions (b) DUE TO Conditions (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	9	
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
7	22c. PHYSICIANY NAME (TYPE) 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	ATTENDING M.D. PHYS. 22d. ADDRESS
	TRANSAL (Specific RIAL 9/3/60 WESTMORELAND CO. P.	CEMETERY WESTMORELAND, ONEIDA COUNTY, N.Y.



CERTIFICATE OF DEATH

09243

	CE OF DEATH	Montgomer	У	MARYLAN	O STA	TE .	there deceased	lived. If instituti b. COUNTY			ore odmiss	
b. C	JRAL and give ne	f outside corporate limi corest town) Olney	its, write	c. LENGTH OF STAY IN	lb c. CITY		outside corpor	ote limits, write F	RURAL ond	give ne	arest town	1)
d. N	IAME OF HOSPIT	AL (If not in hospital, gomery Gen		oddress)	d. STR	RFD	# 1					FARM?
	AE OF EASED e or print)	Fir Edwa		Middle Louis	Bur	dette	4. DATE OF DEATH		ust	8	,	Year 1950
5. SEX	ale	6. COLOR OR RACE White	7. MARR	DIVORCED	_		888	9. AGE (In years lost birthday) 72 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	Min.
dur	ring most of work	ON (Give kind of work ing life, even if retired EMPLOYED F)	kind of Business or in	m	Mar	yland	ountry)	12. CI	USA		OUNTRY?
		Burdette				HER'S MAIDEN aura I						
15. WA	S DECEASED EVEL		ervice)	SOCIAL SECURITY NO.	INFORMANT		recor		lress			
C ge co ly	onditions, if an over rise to its use (o), stoting ing couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO ny, which n mediote the under- (c	R.	got of	daes !					10	ERVAL BE	A .
CERTIFICATION 000 000 000 000 000 000 000 000 000 0	H-	Per Sur	= 1	CRIBE HOW INJURY OCCU	mana "	- "-	مندمده		VEN IN PA	RT 1(o)	PERFO	NO [
		CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	While	NJURY OCCURRED 20e	b. PLACE OF INJ foctory, street,	URY (Home, for office bldg., et	m, 20f. (City	or town)		(County)		(Stote)
AC'SIG	TUAL NATURE YSICIAN'S ME (Type)	at I attended the	_, 19 <u>6</u>		,	8357	ADDRESS (Str	the causes areet, city or town, ST	nd an th stote)		e stated	
Bu	RIAL, CREMATIO MOVAL (Specify) I PIAI	Aug.11,1		22c. NAME OF CEMETER Bethesda		RY		ION (City, town,	1110	Mic		e)
23. FUN	PAL ORECTOR	Moles.	wort	L ADDRESS Damascus	Ma		D BY REGISTI	RAR 24b. REGI	STRAR'S S		JRE	

may be retained by the haspital or attendir. Tysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

after death. Page 4

law requires that the death certificate be executed within 24 hg

TO HOSPITAL OR ATTENDING PHYSICIAN:

Liberty and the second transfer of the second The state of the s restricted and more restricted to the property of the the first of many that the little payers the same of Company of the Person of the Company the test of the contract of th

law requires that the death certificate be executed within 24 h

TO HOSPITAL OR ATTENDING PHYSICIAN

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9335 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

09244

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								keg. Dist.	110.
1. PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (W				before admission)
	on tgomery		MARYLA	ND	Mar	yland	b. COUNTY	Howa	rd /
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond giv	re nearest town)
	lnev				Ell	icott	City		
	PITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS		14)	(-)	e. IS RESIDENCE ON A FARM?
	Montgome	ry G	eneral Hos	p.ll			121	1	YES NO
3. NAME OF DECEASED (Type or print)	John.	rst	Middle		Burgess	4. DATE OF DEATH	Augus		Doy Yeor 30 19 60
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	В. С	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS
Male	Colored	WIDOW	ED DIVORCED	5	July 5. 1	876	lost birthdoy) 8 /1 yrs.	Months D	lays Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	dane 10b.	KIND OF BUSINESS OR II			e or foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY
	orking life, even if retired Idvman	3)			Marvl	and		Th	nitedStat
13. FATHER'S NAME	La y III at I				4. MOTHER'S MAIDEN			0,1	
	nown				Unknown				
	VER IN U. S. ARMED FOI	RCES? 14	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress	
(Yes, no. or unknown)	(If yes, give war or dates of	service)	TO SINE SECONOTI (10)		Hospital	recor			
1B. CAUSE OF D	PEATH [Enter only one co	ouse per li	ine for (o), (b), and (c).]						INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	. 1	Nephroscle:	ros'	s with m	remia.			5 vears
14-21	IMMEDIATE CAUSE (-	IVO DITE O D O LO.	. 0 0.		L OILLE			
Conditions, if									
gave rise to	immediate	,							
couse (o), stotin)							
lying cause los		c)	CONTRIBUTING TO DEAT	DUT NO	T RELATED TO THE TERM	AMIAL DICEAC	E CONDITION OF	VENI INI DADT	1/-1 10 WAS AUTOPS
PART IT. CO			CONTRIBUTING TO DEATH				failur		PERFORMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCC				t II of item 1B.)		
		1	20	- DI A CE	OF INJURY (Home, for	205 (Cia		10.	ounty) (Stote
20c. TIME OF INJ	URY Month, Doy, Ye	While			y, street, office bldg., e		y or rown,	(Co	(Siole
₽. п	10	at wa							
21. I certify	that I attended the	e decea	sed fram Augus	t 5	, 19 60, ta	Augu	st_3096	Chat I las	t saw the decease
			60 , and that de						
01110 011	0 / 1		Lateral And the state of				treet, city or town		DATE SIGNE
ACTUAL SIGNATURE	(whit	ahe	5	M.C)				
PHYSICIAN'S NAME (Type)	C. S. W	hita	ker, M. D.	-9	Clark	svill	e Mary	land	
220. BURIAL, CREMAT	ION, 22b. DATE THERE		22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)	(State)
REMOVAL (Speci	^(fy) 9-2-60		St. Lou	is		(larksvil	le, Md	
23. FUNERAL DIRECTO			ADDRESS		24a. REG	C'D BY REGIS		ISTRAR'S SIGI	NATURE
	bothom, Elli	cot.t.	City.Md					Irthur S.	Kana
LOCOUTETH	CANTION DITTI	2000	ATAN PINC		DAIL	SEP 2	00	A True Long	/ CLANCE

HTM2GTQ STADISTRIA distribution, lit. P. C. Meinlother, Midden Otar, T DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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after death. Page 4,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be first with the State Board of Health prior to burial, cremation, ar remayal, and in ony event within 72 hours diter death. aw requires that the death certificate be exg TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	9/3/60
24. FUNERAL DIRECTOR'S S	IGNATURE Es

	COUNTY			MARY	LAND	2. USUAL RESIDENCE (ed lived. If institut b. COUNTY		before admi	ssion)
		lontgomery				Mary	D COMP OF			gomer	
	RURAL and give no	If outside corporate lime earest town)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (outside corp		RURAL ond gi	ve nearest to	vn)
d.	NAME OF HOSPIT	TAL (If not in hospital,	give street o			d. STREET ADDRESS	-			e. IS RI	ESIDENCE
a	OR INSTITUTION	Suburba	2011			3700 Dur	lop St			ON	A FARM?
	ME OF	Fi	st	Middle		Last	4. DATE	Moi	nth	Day	Year
	De or print)	Rob ert		R.		Burklin	OF DEATH	AUPL		3	19 60
S. SEX		6. COLOR OR RACE	7. MARR	ED X NEVER MARRIE	D	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNI	7
	M ale	White	WIDOWE	D DIVORCE		4/24/0	00	7.0"		Days Hours	Min.
13. FA	uring most of wor	king life, even if retired)			an Washing 14. MOTHER'S MAIDE	ton, D	country)	12. CITIZ	S.	
15. W	AS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT	22001	Add	ress Che	vv Ch	888
{Yes, n	no	(If yes, give war or dates of s		none	M	ay W. Burk	rlin-3				
18	. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	e for (a), (b), and (c).					673/20	INTERVAL I	
	PART I. DEA	TH WAS CAUSED BY:	Dia	betic Acid	osis	3				I da	y
	COL	DUE TO	/								
100	Canditions, if a		Am	ta Cholali	this	sis and Cho	leevet.	itis		3 we	eks
	gave rise to i	mmediate)	toe onoreri	. ULLL	torp and one	200300	2 020		,	
	cause (a), stating				2 . 12					20 -	
1 - 1-	ying couse lost.) (/	conic Chole							rears
CATION	Azotemi				ATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART	PERF	ORMED?
4 2		AS UNDERLYING			CCURRED). (Enter nature of injury	in Part I or Pa	art II of item 18.)			
2 0	R CONTRIBUTING	MEDICAL EXAMINER)									
	c. TIME OF INJUR	RY Month, Day, Ye	ar 20d. IN	JURY OCCURRED	20e. PL/	CE OF INJURY (Hame, f	arm, 20f. (Ci	ty or town)	(Co	ounty)	(State)
MEDI	Hour a.m.	19	While at work	Not while of work	roc	tory, street, office bldg.,	etc.)				
	p. m.	at (I) (this haspita	1		fram.	loy. 18	19. 55 ta	August 2	28 1960	, that (1)	(we) last
s	aw the desea	sed alive an Aus	rust 2	28 19 60, and	that d	eath accurred at 1	2PM, from	the causes a	nd an the	date state	d abave.
	20. SIGNATURE	4 17		4						2	22b. DATE
	Colo	t-71. (Knie	260		M.D. PHYS.	MED.	STAFF PHYS.	A	ug ust	28 NED
2	2c. PHYStCIAN'S NAME (Type)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22d. ADDRESS	DINEETON E		Name of the		
	.,,,,	Robert (. And	rle		5009 Del	Ray A	venue, Be	thesda	M d.	
23a. E	URIAL, CREMATIC	N, 236. DATE THERE	OF.	23c. NAME OF CEME	od (23d. LOC.	ATION (City, town,	or county)		ate)
24. FL	Buria I	1 -1		ADDRESS	118	2 4 3 111 350. R	EC'D BY REGI	100	ISTRAR'S SIGI	1 -	

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	office in a transfer of	owns, 0	3/6/6	
			Section & Barrier	

09246 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND aprile b. CITY OR TOWN (If outside exporate limits, w c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cognorote limits, write RURAL and give negrest town) RAK and give nearest to shauld d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM 00 YES NO NAME OF 4. DATE Middle DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Day USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? **INFORMANT** SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗌 NO A 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ort II of item 18.1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour O. M ot work at work 1. 19 26 Plat I last saw the deceased 1960 21. I certify that I attended the deceased from and that death occurred at 9:30 M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREO! 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington Nat'l Cem. Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hines Co. Washington. arling & through VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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I. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE o. STATE
Montgomery		Ma
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN

(Where deceased lived. If institution: Residence before admission) b. COUNTY ryland Montgomery I (If autside corporate limits, write RURAL and give nearest town)

Bakkasak Garrett Park	12 Garrett Park	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 10804 Weymouth Street	d. STREET ADDRESS 10804 Weymouth Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FAITH ELIZABETH	BURRISS 4. DATE Month OF DEATH Aug. 2.	Doy Year 5 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Widowed Divorced	8/18/60 9. AGE (In years IF UNDER 1 YE lost birthdoy) yrs. Months Py	AR IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN US	OF WHAT COUNTRY
13. FATHER'S NAME Carl Edmund Burriss	14. MOTHER'S MAIDEN NAME ** Mary Helen Morris	
Av	INFORMANT Address Carl Edmund Burriss-father-sai	me 2d
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO [ying cause last.]		NTERVAL BETWEEN NSET AND DEATH MUSICA Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 18.)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (Country, street, affice bldg., etc.)	ity) (State
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	death accurred atM, from the causes and an the do	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	

4711 Highland Ave., Bethesda, Md.

ALFRED S. NORTON 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

8/29/60

7423 4 XV6

23c. NAME OF CEMETERY OR CREMATORY Friends Mt. House

Cem

23d. LOCATION (City, tawn, ar county) (Stote) Sandy Maryland Spring,

24. FUNERAL DIRECTOR'S SIGNATURE A. Pumphrey Robert

Bethesda, Maryland

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Circhan S. Krous DATENG 3 0 '60

and attending physicion and campletely filled in Pages 1 within 72 haurs after death please remave carban papers. any pup may be retained by the haspital or attending significant. burial, cremotion, or removal, os the burial-transit permit. page 3 should be detached far use the State Board of Health prior to b

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requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

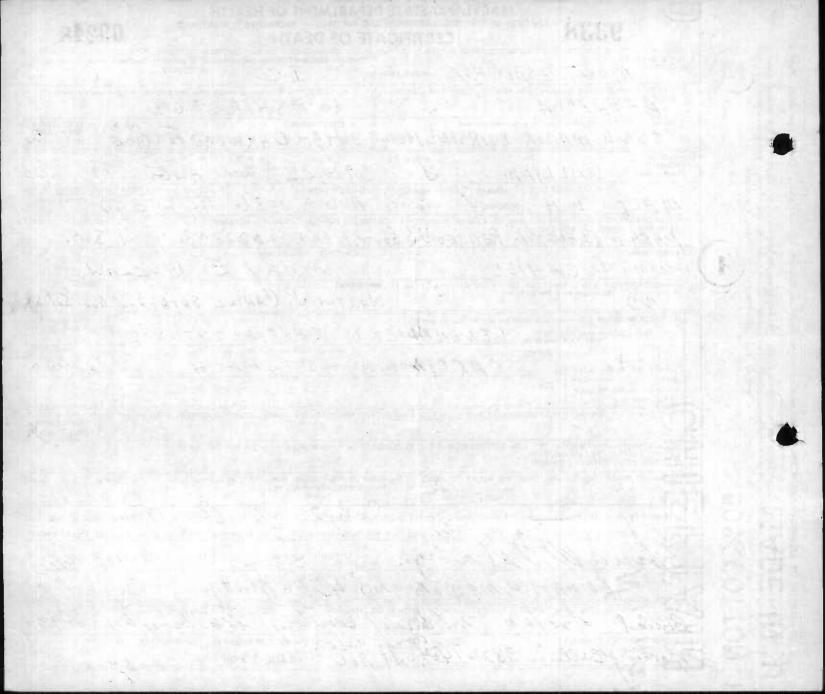
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1. PLACE OF DEATH O. COUNTY MONT GOMERY MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) V o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A. MANOR NURSING!	d. STREET ADDRESS ON A FARM? YES NO SE ON A FARM? YES NO SE YES NO SE ON A FARM?
3. NAME OF DECEASED (Type or print) WILLIAM Middle	CAHICL DEATH ALLE, 17 1940
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE DIVORCE	DO AND 3/1886 74 yrs. O 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) PARKS PLANNING RETIRED V.S	GOUTNEWFUNNDLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO). 17. INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	MARTIN J. CAHILL 8606-2 and law. Sil. Sp.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HZED CARCINOMATOSIS INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	comp - STOMACH GMOS.
couse (o), stoting the <u>under-</u> lying couse lost.	
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased saw the deceased glive an and 14 19 41, and	77
220. SIGNATURE	that death occurred aM, from the causes and an the date stated abave. 22b. DATE 22b. DATE 22b. DATE PHYS. DIRECTOR PHYS. DUNG 17, 1991
29C. PHYSICIAN'S NAME (Type) EMMETT P. MADISAN	1 MD 463 & Montgony - Beth. M.
REMOVAL (Specify)	LETERY OR CREMATORY 23d. LOCATION (City, Joseph, or country) (State)
Trans Callers 3821-144.	DATE AUG 19'60 COLOR SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: A low requires that the death certificate be executed within 24 heart after death. Page 4 may be retained by the haspital or attending yistion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



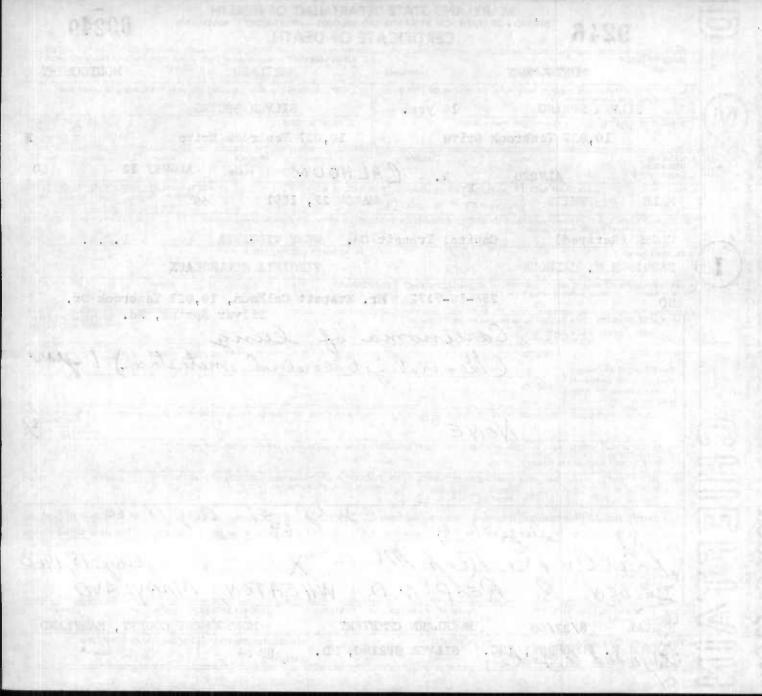
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONT GOMERY						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING 10 yrs.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) SILVER SPRING						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 10,027 Tenbrook Drive	d. STREET ADDRESS 10,027 Tenbrook Drive o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)						
	3. NAME OF First Middle DECEASED (Type or print) ALFRED R.	ALHOUN 4. DATE Month Day Year 1960						
	MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH MARCH 25, 1891 9. AGE (In years of birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK (Retired) Capital Transit	Co. WEST VIRGINIA U.S.A.						
	HARRISON M. CALHOUN	VIRGINIA MULLENEAUX						
1	(Ver no or unknown) (15 we sive was as date of control	Address r. Everett Calhoun, 10,027 Tenbrook Dr.						
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	silver Spring, Md. INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. (b) / Slenerally DUE TO	ed Cerebral metastases) / year						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of wark 19 of wark 19	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) ctary, street, affice bldg., etc.)						
	21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an august 16 1960, and that a	death accurred at 25 M, from the causes and an the date stated above.						
	22a. SIGNATURE	M.D. PHYS. MED. STAFF Que, 18, 1960						
	BELDEN R. REAP, M.D.	NHEATON, MARYLAND						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 8/22/60 PARKLAWN CEMI	OR CREMATORY 23d. LOCATION (City, tawn, or county) STERY MONTGOMERY COUNTY, MARYLAND						
-	FUNERAL DIRECTOR'S SIGNATURE MAINER E. SUMPHERY INC. SILVER SPRI	ING, MD. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 2 4 '60						



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9266

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)				
	a	COUNTY Mantgomery MARYLAND	a. STATE MAYULAND B. COUNTY MON	taomeru				
	b	. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve (earest town)				
	-	a Kama Park 10 days	Haithersburg /					
-	- (NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE				
)	i	Nashington Sanitarium + Hospita	1 Box 328	ON A FARM? YES NO D				
	_	NAS ning To 4 Sunitarium + Nospita						
	3	DECEASED	Canants DATE Month OF DEATH	Day Year 1960				
- 1	-	Type or print) VEVA	The state of the s	1960 YEAR IF UNDER 24 HRS.				
	S. S	- / WARRIED THEY EN WARRIED	O 11 O last birthday) Months (Pays Hours Min.				
	1	emale White WIDOWED DIVORCED	7-7-07 50 yrs. 110	9				
	100.	USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUduring most af working Jife, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
1	h	louse wife	Latvia	1.5.A.				
	3. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		arliss Brazaus	Maria Dlum					
	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. 8	NFORMANT Address	Men and and				
		NO 214-32-7827	N.S. Hosp, Kecords.					
		1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]		INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY: Cachepia	Ponemania	ONSET AND DEATH				
		DUE TO						
		Conditions, if ony, which) (arein ma his a well me tastaris 8 months						
		gove rise to immediate	mg work market					
		couse (o), stoting the <u>under-</u> lying couse lost.	4					
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY				
	CERTIFICATION			PERFORMED? YES NO				
	IFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Port II of item 18.)					
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	CAL			ounty) (State)				
	MEDICAL	Hour a.m. While Not while fo	actary, street, affice bldg., etc.)					
	>		Scholan 12 Aug 13 -1					
		21. I certify that (I) (this haspital) attended the deceased fram.		O, that (I) (we) last				
			death accurred at 1361M, from the causes and an the					
ı		220. SIGNATURE	ATTENDING MED. STAFF	22b DATE SIGNED				
		22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	8/13/60				
,		NAME (Type) Marvin I. Kolkin	h1.0-	ring, Md.				
		1107 / 711 771 240 71171	Trop reficon 50., 511ver 5p.	1116,110				
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF EMETERY ((Stote)				
		Burial " 8/16/60 Rocky Cre	eek Washington, D.	0.				
	attenta	FUNERAL DIRECTOR'S SIGNATURE VSON Wheeler F.H1331 E. Montg.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE				
	T,	yson Wheeler F.H1331 E. Montg.	AVE. DATE AUG 17'80 arthur &	Kraua				
	_							

ngegn	THE RESERVENCE		MINISTERNAL MARKET	nage	•
		5 to 12.15			
	The Name of States			10 12 14 15 15	
		Stephen Sylv			
	La Transport				

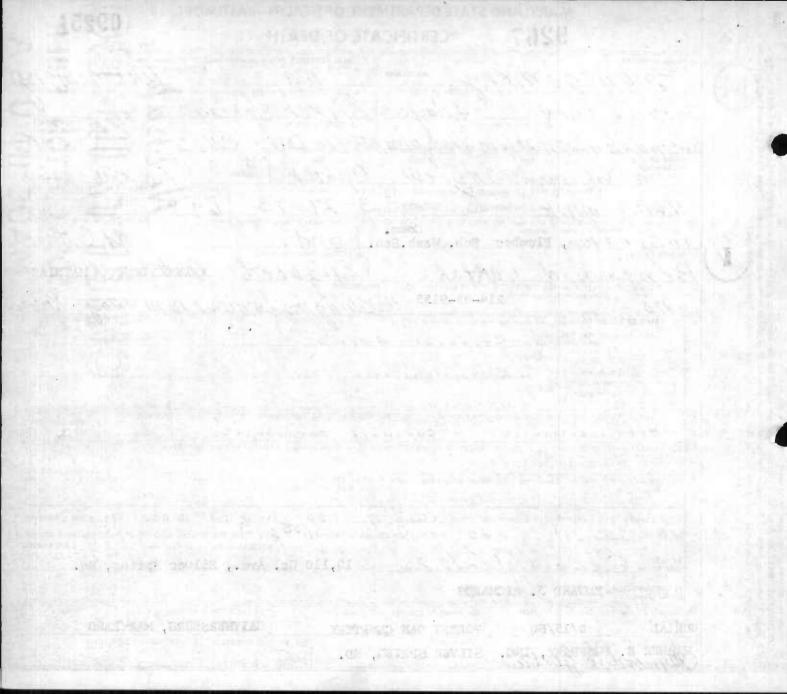
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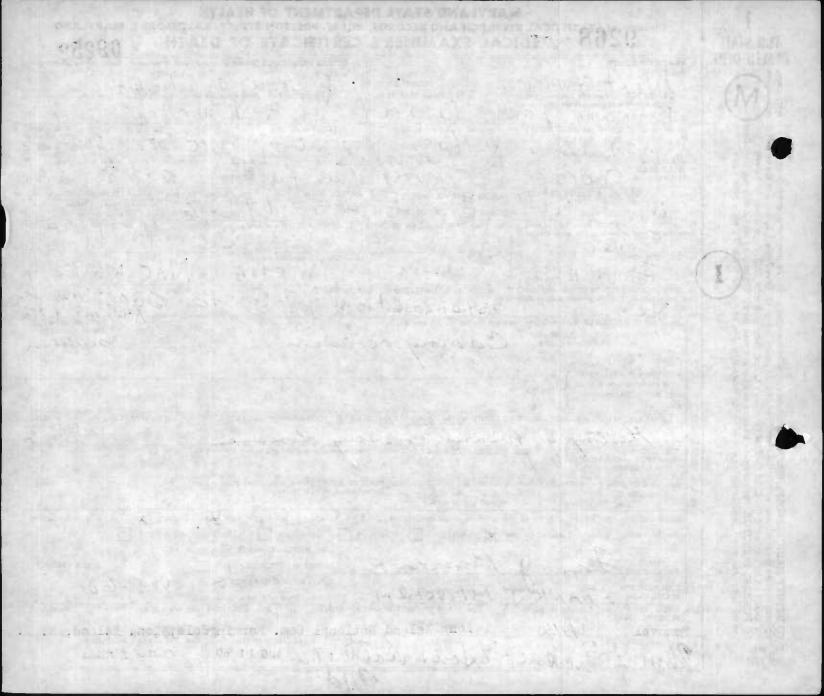
	OUNTY	nta	me	hes MA	RYLAND	2. USUAL RESI	DENCE (WI	here deceased liv	red. If instituti b. COUNTY		before admi	issian)
		(If autside carpora	te limits, write	LENGTH OF ST	AY IN 1b	c. CITY OR	TOWN (If a	autside corporate	limits, write R	URAL and give	e nearest tax	wn)
TA	PRAL and give	nearest lown)		4 das	1.5	11/11	194	Shell	1/11		1	0
d. N	AME OF HOS	PITAL (If not in hose	Stal, give street	oddress)	1	d. STREET	ADDRESS		7	1	e. IS RE	ESIDENCE A FARM?
11/1<	hiNa	for Salli	tariur	11 + HOSI	bita)	3410	Das	UVOX	V St			NO
DECI	AE OF EASED: e ar print)	Willia	m. A	NDFEU	dle	Cart	st ch	4. DATE OF DEATH	Mon	ith ir	Day //	1960
5. SEX	20 /	6. COLOR OR I	RACE 7. MARE	RIED NEVER MAI	RRIED 🗀	B. DATE OF BIRT	Н	9.	AGE (In years lost birthday)		YEAR IF UNI	7
11	14/6	10/11/	WIDOW	ED DIVOR	CED	3-27	7 - 7	5 4	o 7 yrs.			
10a. US dui	UAL OCCUPA	TION (Give kind of arking life, even if r	wark done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or fareign coun	try)	12. CITIZE	N OF WHAT	COUNTRY
11	Spe				h San		14,			12	1.0,1	7,
13. FATI	HER'S NAME		1 0.	n 1		14. MOTHER'S	MAIDEN	NAME	m	11.0		
134	0 201	amin	(a	RtcR		6/1	266	876	COCKXXX	CXXXXXXX	XX MA	THIAS
	S DECEASED E	VER IN U. S. ARMEI		SOCIAL SECURITY I		NFORMANT	,	1 ,	Add	ress		D
	178		21	4-03-7122	We	ShiNG	my not	Sanite	2/111	211 44	OSP.	1000
18.	CAUSE OF D	DEATH [Enter only	one couse per li	ne for (a), (b), and	(c).]	1					INTERVAL I	
	PART I. C	EATH WAS CAUSED	USE (a)	erebral	1 4	BOXID					0113217111	
	3 3		UE TO									
		any, which	(b) = 1	cephalos	na/ 20	. / 2					-//	
	ave rise to iuse (a), statin	immediate D	UE TO	,								
	ing cause la		(c) 1/1	KNOWN								
ZO	PART II. C	THER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	OTHETERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1	(o) 19. WAS	S AUTOPSY
CATION	Arte	Priosele.	rosis	Co	rone	ary 7.	hrom	60515				NO [
CERTIFI SOC SOC (IE	CONTRIBUTION NOT	WAS UNDERLYING NG CAUSE OF D FY MEDICAL EXAMI	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature	af injury in	Part I or Part II	of item 18.)			
		URY Month, Day		NJURY OCCURRED		ACE OF INJURY			town)	(Car	unty)	(Stote)
WEDICAL 20c	Hour o. n		19 While		fo	ctory, street, affic	e bldg., etc	c.)				
	p. n					2 10 /	2) 4- /	0	. 20/ 0	4 . 1 1 .	-1	
		that I attended					1.5.5	ang 1				
al	ive an_(1	sheet !	, 19_	$\mathcal{Q}_{\mathcal{Q}_{-}}$, and th	at death	accurred at		ADDRESS (Stree				ed abave ATE SIGNE
AC	TUAL	-67	000	1. 1.		10.11					3.8-	15-60
	NATURE_	Detertal	-deft	C-1-1-6-6-	-0	M.D. 10,11	lu Ga.	Ave.	Sliver	Spring	, Md.	
PH	YSICIAN'S ME (Type)	EDWARD	J. RICH	ARDS								
	RIAL, CREMA		HEREOF	22c. NAME OF C	EMETERY O	R CREMATORY		22d. LOCATIO	N (City, town,	or county)	(St	tote)
BUR	MOYAL (Speci	8/15/	60	FOREST O	AK CE	METERY		GAITHE	RSBURG,	MARYL	AND	
23. FUN	ERAL DIRECTO	OR'S SIGNATURE	ANG	ADDRESS	DDTVO	3.00	24a. REC	D BY REGISTRA	R 24b. REG	STRAR'S SIGN	ATURE	
(4/1	Linevi	of William	Paris.	SILVER S	PRING	, MD.	DAMIC	1.6 '60	, ,	. P *	4	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

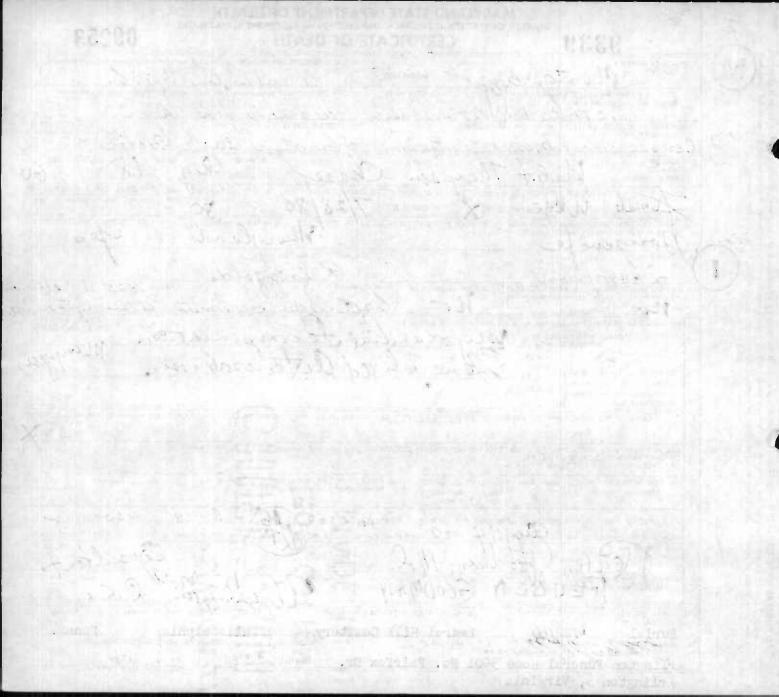
TO HOSPITAL OR ATTENDING PHYSICIAN: VS A15 (4) 15M 9/58



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH MARYLAND olumbia b. CITY OR TOWN (if outside corporate limits. Y OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town GR KOMA aldire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO C Middle DATE 3. NAME OF Month DECEASED the DEATH (Type or print) 0 with 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH may 2 M3. Page 5 may pages 1 and 2 with my within 72 hours a last birthdev) Months Deys WIDOWED DIVORCED after 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) done during most of working life, even if retired) pages PM3. 13. FATHER'S MET ME 14. MOTHER'S MAIDEN NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH along v fransit p PART I. DEATH WAS CAUSED BY: suchelle IMMEDIATE CAUSE (e) mary Office burial-1 DUE TO Conditions, if eny, which (b) d "pending" i Examiner's C e used as a b geve rise to immediate cause DUE TO (e), steting the underlying cause lest. should be used ial, cremation, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M Medical 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Abb. DESCRIBE HOW INJURY OCCURED. (Enter newers of Injury in Pert I or Pert II of item 18.) CAUSE OF DEATH. the Chief A R: Page 3 s ior to buria 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. ite the cer...
forwarded to the AL DIRECTOR: Pa et work et work p.m 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry X and in my opinion MEDICAL Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER lease execute the should be forward. Pruneral DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Long Island National 0 40 p Cem. Rarmingdale: Long Island, N. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Removal 23 FUNERAL DIRECTOR AUG 11 '60 VS. A15ME arthur S. Thousa DATE 5M 7/59



- BALTIMORE 1. MARYLAND 09253 CERTIFICATE OF DEATH 9339 director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH a. COUNTY b. COUNTY filed MARYLAND c. CITY OR TOWN (If autside carpo ate limits, write RURAL and give nearest tawn) erol b. CITY OR TOWN (If autside carporate limits, writer c. LENGTH OF STAY IN 1b RURAL and give_nearest tawnh e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL (If nat in haspital, give street address) ON A FARM? OR INSTITUTION YES NO 4. DATE OF DEATH NAME OF Middle Manth DECEASED 0 19 Pages (Type ar print) death 9. AGE Myears IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 5. SEX 6. COLOR @R BACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs ma DIVORCED [WIDOWED IN cample aft popers 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) present puo 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME 00 physicion within mraon remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ottending eose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which permit gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. **buriol-tronsit** been b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO hos 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) SO 20e, PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (State) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, affice bldg., etc. Haur a. m. While Nat while at wark at wark detoched far After 19 60 that (1) (we last 21. I certify that (1) (this haspital) attended the deceased fram. 19 M, fram the causes and an the date stated above. and that death accurred at saw the deceased alive an. FUNERAL DIRECTOR: 22a. SIGNATURE SIGNED ATTENDING MED PHYS. DIRECTOR PHYS M.D 22c. PHYS CIAN'S 22d. ADDRES should NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawh, ar caunty) (State) poge the St REMOVAL (Specify) Hill Cemetery Philadelphia Penna Laurel Burial 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) DATAUG 2 2 '60 Arlington Funeral Home 3901 No. Fairfax Dr. arthur & Kr 15M 9/59 Arlington 3, Virginia



00054

	9340	CERTIFICA	TE OF DEATH		(1)	3234
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE District of	L.	f institution: Residence COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		s, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION U.S. Naval Hospital		d. STREET ADDRESS	on St. N.W		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) John	Middle CH	EDESTER Lost	4. DATE OF DEATH	August	Day Year 19 19 60
	s. sex 6. COLOR OR RACE 7. MAR Male Caucasian WIDOW		8. DATE OF BIRTH 5-28-93	9. AGE lost b	11 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Auditor	KIND OF BUSINESS OR INDUS	West Virgi		1,160	S.A.
	3. FATHER'S NAME LOUIS CHEDESTER		14. MOTHER'S MAIDEN N			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) Yes (If yes. give wor or dates of service) WWL		anche A. CHEI	DESTER	Address Same as	#2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. DUE TO (c)	erebroscule	er Alliden. Cardesvasci		irel	VEARS.
C	PORT II. OTHER SIGNIFICANT CONDITIONS Contribution Contributi		o Chronis	pyels negr	weites.	1(o) 19. WAS AUTOPSY PERFORMED? YES NO M
	20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. While	for the state of t	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(C	ounty) (Stote)
7	21. I certify that (I) (this haspital) after saw the deceased alive an. 8-19 220/SIGNATURE 22c. PHYSICIAN'S NAME (Type) Runell MILLER Jr., LT.	19.60, and that d	death occurred a 22	ED. STAFF RECTOR PHYS.	uses and an the	that (I) (we) last date stated above. 22b.DATE SIGNED 9-60 Maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-22-60	23c. NAME OF CEMETERY O Mt. Hebron	R CREMATORY	23d. LOCATION (Cit	y, town, or county) urg, W. Va	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE CHEVY CHASE FUNERAL HOM	E 5103 Wisconsi Washingt	n Ave, N. Wate A		Sb. REGISTRAR'S SIG	

the attending physician and campletely filled in by the funeral director. Then please remove carbon popers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The pay requires that the death certificate be executed within 24 how may be retained by the hospital at attending pays and the hospital at attending pays. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 haurs ofter death.

VR A1S (4) 1SM 9/59

ofter death. Page 4

15225 STORES NO. The state of the s The same of the sa many with the late of the contract of the cont BUTCH . IN THE CO. . BV . CETTOLET PE TO THE RESERVE OF THE STOCKET PORT OF THE STOCKET ASSESSMENT ASSESSMENT OF THE STOCKET ASSESSMEN

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND DEATH

		DIVIDIO OF	STATISTICAL RESEARCH AND RECOR
}.	1	1	CERTIFICATE OF

Q s

09255

0041	CERTIFICATE	. 01 DEFT	
1. PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived a. STATE	d. If institution: Residence before admission) b. COUNTY
FlontgomERY	MARYLAND	MARYLAND	MontgomERY
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporote li	imits, write RURAL and give nearest tawn)
BethesDA. MD.	ShRS.	2 Bockville	
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	iress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Suburban He	5p.	17210 HUNT	ER'S COURT YES NO D
3. NAME OF DECEASED (Type or print)	ANDREW	CHARK 4. DATE OF DEATH	AUGUST 27 19 64
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH 9. AG	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
My 6/ WIDOWED	DIVORCED	one 26,43 2	rs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY
GAS STATION COER.	5- LF-EMALO	WASh. D.	C. 2.5.
13. FATHER'S NAME	J	4. MOTHER'S MAIDEN NAME	2 1 1 1
-ecHARRY) (LARI	CIAL SECURITY NO. 17 INFO	KATIE B	othenbuchEh
(Yes, no, or unknown) (If yes, give war or dates of service)		EMANI	12210 HUNTERS
	s-Unknown	LEN CHARK	Court
1B. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY:	or (o), (b), ond (c).]	1 1 1 1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	ere broviasco	JUAR /ACCIDEN	1 & Mooth
HH X DUE TO	10000	Que at 11.00	7
Conditions, if any which (b)	ALIGNANI	FITHSE OF HYPE	RIEIUSIVE De
couse (o), stating the under-			VASCACA
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Hypertensive heart ou	sease. (reil)	able renal unsuf	YES NO P
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part If of	item IB.)
	fastas	OF INJURY (Home, farm, 20f. (City or to	own) (County) (Stote
Hour o.m. While of work	Not while at wark	y, sheet, diffice blog., etc.)	
21. I certify that (I) (this haspital) attended	the deceased from/2	27 27 Chr. 1960, 10	, 19, that (I) (wet las
saw the deceased alive an 27 aug	6-1	0/3	causes and on the date stated above
220. SIGNATURE	11.		22b. DATE
Man, luk	lu M.C	ATTENDING MED. ST. DIRECTOR PH	AFF 8/27/60
22c. PHYSICIAN'S NAME (Type) IRA N. TUBLIN		25 E WAYNE	= AVE S.S.
	23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION	(City, town, or county) (State)
Burial (Specify) 8/29/60	Parklawn Cen		kville, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey A	ethesda. Man	ryland DATE AUG 3 0 '60	arihun S. Kraus

with the funeral directar, be 2 should may be revained by the haspital ar attending sizion.

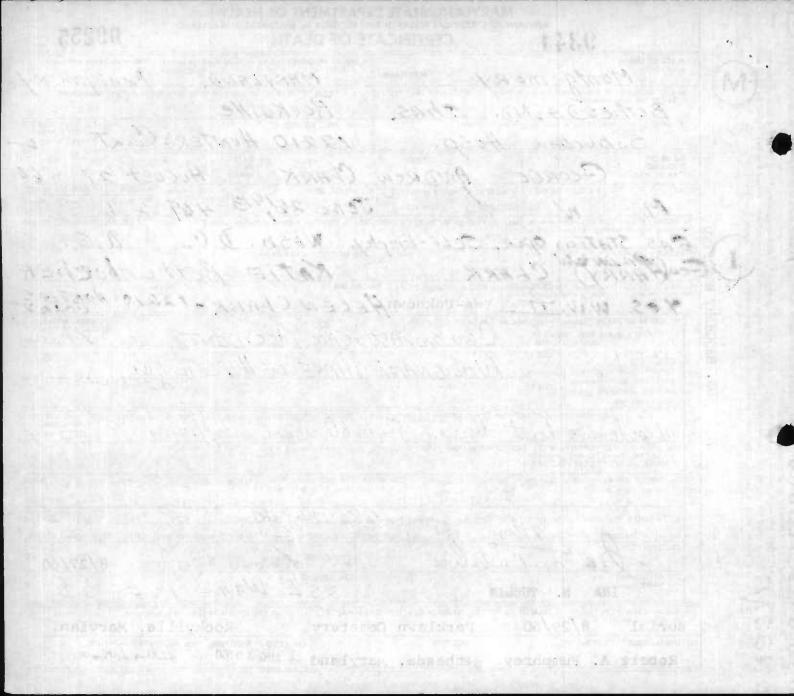
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remaval, and in any event, whin 72 hours after death.

aw requires that the death certificate be executed within 24 ho

TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A1S (4) 15M 9/59

after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09256

	2046	CERTIFICA	IE OF DEATH					
1. PLACE OF DEATH	ONT GOMERY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYLA	here deceased ND		MONTGOM		ion)
b. CITY OR TOWN	N (If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporo	ote limits, write RI	JRAL ond give n	earest town	1)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street N R.F.D. # 1	oddress)	R. F. D.	# 1				FARM?
3. NAME OF DECEASED (Type or print)	VICTOR	VERSALE (DLES Lost	4. DATE OF DEATH	AUGUS.		Day 1	Yeor 19 60
5. SEX MALE	6. COLOR OR RACE 7. MAR WIDOW	7	3. DATE OF BIRTH 5/20/03	9	lost birthdoy) 57 yrs.	Months Days	1	ER 24 HRS. Min.
GARDENER	ATION (Give kind of work done 10b. working life even if getistle	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote MICHIGAN	or foreign cou	untry)	U.S.A.		OUNTRY?
13. FATHER'S NAME FOREST CO	DLES	U	14. MOTHER'S MAIDEN	ors				
15. WAS DECEASED E (Yes, no. or unknown)	1929-1931 of service) 57		FORMANT B. Melva B. C	coles, I	Addr R.F. D. i		rds, 1	Md.
	f ony, which immediate ng the under-	refor (o), (b), and (c).] ren ary review (ose / a) sease, therese,				01	TERVAL BE NSET AND MERCU IM UI	DEATH +CS
САТІС	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERFO	AUTOPSY DRMED?
	WAS UNDERLYING ☐ 20b. DES NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF IN.	m. While	for the state of t	CE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (City o	or town)	(Count	у)	(Stote)
21. I certify to saw the dece	1 1	2 Y 1% (), and that d	eath accurred at				te stated	b. DATE
22c. PHYSICIAN NAME (Type		umacher	22d. ADDRESS		usbu			
23a. BURIAL, CREMA REMOVAL (Spec BURIAL	TION, 23b. DATE THEREOF (15y) 8/30/60	23c. NAME OF CEMETERY OF ARLINGTON NA			ON (City, town, o		(Stot	(e)
24 FUNERAL RIREGT	or preminter, INC.	STEVER SPRING	G, MD. 250. REC	D BY REGISTR	AR 25b. REGIS	thun S. Kia		

aw requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be exmany be retained by the hospital ar attending residual.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached far use as the burial-transit permit. Then please remave carbant the State Baard at Health priar ta burial, crematian, ar remaval, and in any event, within 72 h

Page 4

after death.

the funeral should be fil

ompletely filled in apers. Pages 1 a urs after death.

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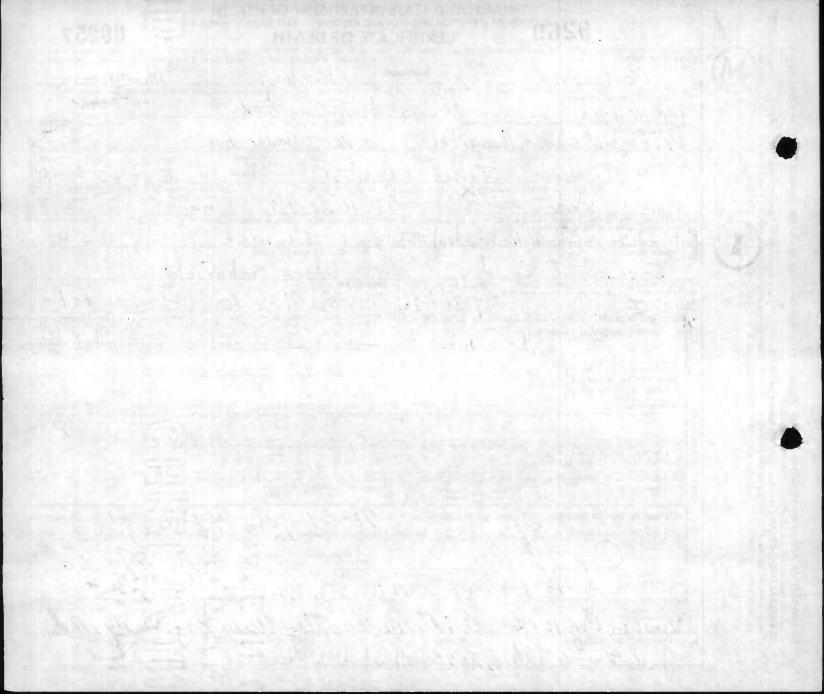
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		avine.	ST TESK IN ELLING	illeri er en
the sale		5.00	y to have	
	- Valley	September 1		
		N. S. A.		
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MARYLAND STATE DEPARTMENT OF HEALTH 926 PARTISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09257

	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE)	b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate li	mils, write RURAL and give nearest town)
	Takoma Park	12 days	TAKOMA PARK	
	d. NAME OF HOSPITAL (If not in haspital, give street of QR INSTITUTION	oddress) 1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	WAShington SAN + HOS	spital	17209 Cedar Ave	YES NO NO
	B. NAME OF DECEASED First	Middle	Lost 4. DATE	Month Day Year
	(Type or print) OSMONO	JAMES Co	NOON DEATH	8 - 2 - 1960
	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AC	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If birthday) Months Days Hours Min.
	Make White WIDOWE		11-27-93 6	6 yrs.
	0a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	KALL S I HALL OF DEL	itectual Metal A	SSN. ILLINOIS	U.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	OSMAND T. CONO	Jan D	Udora Schof	rield
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	NFORMANT INC.	Address
1	W. W. Z 2	17-34-1626 1	na Cleve 11. Condon	(Pame at #2)
Ī	1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Virus	Encephality.	ONSET AND DEATH
1	DUE TO			1
	Conditions, if ony, which)			
	gave rise to immediate			
	lying couse lost.			
. 1	, 10/	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS C			PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of	
	200. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or to	wn) (County) (Stote)
1	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While of wor	IAOI AIIII6	ctory, street, office bldg., etc.)	
			7/3-01 :056. 0	46 7 20/44
	21. I certify that (I) (this haspital) attend	1	// -70	7, 19 60, that (1) (we) last
	saw the deceased alive an 220. SIGNATURE	19 Co and that a	leath accurred at LA.M. fram the	causes and an the date stated abave.
	220. SIGNATURE) / 1 / 1/1	Pa		AFF _ C//_ / SIGNED
	22c. PHYSICIAN'S	ر کی	M.D. PHYS. DIRECTOR PH	1YS. 1 8/7/60
	NAME (Type) A B / 1-	TTIF HI	1 2 4	CA - CX TY: CV
-	11,13.67	146,111	1 Washington	4 It DC
	230 BURIAL, GREMATION, 23b. DATE THEREOF	23c NAME OF GEMETERY O	R CREMATORY 23dy LOCATION	(Stote)
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	260/REC'D BY REGISTRAR	25H REGISTRAR'S SIGNATURE
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-	A within wallets	, 26 Y CAPPOLL E	ot, Ow, DATAUG 9 '60	arthur S. Floures
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	FICA	TE OF D	EATH

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9:	343		CERTIFICA	ATE OF DE	ATH				09	258	3
1. PLACE OF DEATH o. COUNTY Mon*	TGOMERY		MARYLAND	o. STATE	RYLAND		lived. If institution b. COUNTY	on: Reside			ion)
b. CITY OR TOWN RURAL ond give OL NE		its, write	c. LENGTH OF STAY IN 16	X	OWN (If outs		te limits, write R	JRAL ond	give nec	arest town	1)
OR INSTITUTION	PITAL (If not in hospitol, OMERY GENER			d. STREET AL	DDRESS HATMAN	AVENU	JE .				FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	Lost	4	DATE OF DEATH	Mon AU G		5	,	Year 19 60
S. SEX FEMALE	6. COLOR OR RACE	7. MARE	ED NEVER MARRIED DIVORCED DIVORCED	1/9/87	7	9	7. AGE (In yeors lost birthdoy) yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS Min.
0a. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INC		CE (Stote or	foreign cou	entry)	12. CI		S. A.	OUNTRY
3. FATHER'S NAME	IAM ADAMS			14. MOTHER'S			R				
(Yes, no, or unknown)	/ER IN U. S. ARMED FO			INFORMANT HOSPITAL R	RECORBS		OLN1		1ARYI	LAND	
	IMMEDIATE CAUSE (0)	ne for (a), (b), and (c).]	Vaber	Den	aes	Riber			ERVAL BE	
gove rise to couse (o), stoting lying couse lost	g the <u>under-</u>	o)	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	'EN IN PA	RT 1(o) 1	9. WAS A	RMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Por	t I or Port	Il of item 18.)	19		120	
20c. TIME OF INJU Hour o. m p. m	10	While		PLACE OF INJURY (F foctory, street, office		20f. (City o	or town)		(County)		(Stote
	not (I) (this hospingsed alive an	Stend	led the deceased from	death occurred	19	1, from t	he couses on	, 19_ d on th		stated	we) las abave
22c. PHYSICIAN'S	JAK.	in	2	M.D. ATTENDING PHYS.	DIREC	CTOR [STAFF PHYS.				SIGNED
NAME (Type)		OF	238. NAME OF CEMETERY				ON /Cib. to		***********	18.	-1
230. BURIAL, CREMATI REMOVAL (Specif BUR 18 1		OF .	Lincoln Par		23		ON (City, town, oville, M			(Stot	e)
24. FUMBRAL DIRECTO	PR'S SIGNATURE Su	mod	ADDRESS Paces	Rolle I	25a. REC'D E	PY REGISTR	AR 25b. REGI	STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The management of the death certificate be executed within 24 hours, after death. Page 4 may be retained by the hospital or ottending page 3. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any exect, within 72 haurs after death.

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D HOSPITAL OR ATTENDING PHYSICIAN: May be retained by the haspital ar attending physician. PUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. The State Baard of Health priar to burial, crematian, ar remaval,	CERTIFICATION	PART II. OT
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D HOSPITAL OR ATTENDING PHYSICIAN; may be retained by the haspital ar attendis page 3 shauld be detached far use as the b the State Baard of Health priar to burial, cr	3	22c. PHYSICIAN'S NAME (Type)
RAL Shau e Bon e		IAVWE (IAbe)
OSP JNE Stat	230	BURIAL, CREMATIC
may Pag The		EMOVAL (Specify BUT 121) FUNERAL DIRECTOR
10	240	FUNERAL DIRECTOR

law requires that the death certificate be executed within 24 hand after death. Page 4

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9	MARYLAND TECOMON (If outside corporate limit, write and only the content lown) TOR TOWN (If outside corporate limit, write and only the content lown) The sda (Rural) 3 hrs Great Mills d. STREET ADDRESS Grean View Knolls Great View Knolls 6. COLOR OR RACE First Susan Middle Lost Crafton Crafton						
1. PLACE OF DEATH o. COUNTY Montgome	ery	MARYLAND	o. STATE		b COLINTY		- 00 .
Bethesda	(Rural)	3 hrs			limits, write RUI	RAL and give near	rest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give stre	et address)		ew Knoll	5	8x-2	ON A FARM?
3. NAME OF DECEASED (Type or print)	~			OF		/	60
5. SEX Female				9. 4			-
10a. USUAL OCCUPA during mast of w	TION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INI			(y)		
3. FATHER'S NAME	Hler CRAFTON						
	VER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17	. INFORMANT				
gove rise to couse (o), statin lying couse los	ony, which immediate get the under-	MARYLAND Maryland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Great Mills d. STREET ADDRESS Green View Knolls Month Lynn Crafton Middle Lost Lynn Crafton Month Lynn Crafton Peath Month August 30 RIED NEVER MARRIED INVERCED DIVORCED 1-13-60 1-13-60 N. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Virginia 14. MOTHER'S MAIDEN NAME Shirley TUGGLE SOCIAL SECURITY NO. 17. INFORMANT ROBERT W. CRAFTON ROBERT W. CRAFTON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTION TO COURSE DEATH SUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTION TO COURSE DEATH SUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTION TO COURSE DEATH SUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTION TO COURSE DEATH SUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERCENTAGE CONTRIBUTION TO COURSE DEATH SUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?				
	NG CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port I or Part 11 o	of item 1B.)		
20c. TIME OF INJ Haur a. m p. m	n. Whi				tawn)	(County)	(State
saw the dece 22a. SIGNATURE	Pobert 7.K		M.D. ATTENDING PHYS.	50, PM from the		19.60, the date 8-30-6	22b. DATE
22c. PHYSICIAN'S NAME (Type		K, LT, MC, USN	22d. ADDRESS U. S.	Naval Hos	spital,	Bethesda	, Md.
Bur La L		23c. NAME OF CEMETERY Chapel Hill	. Memorial	San A	(City, town, ar Antonio	Te	(State)
R. E. Pu	mphrey Funeral		h., Md. 25a. RE	C'D BY REGISTRAR		Lun S. Krau	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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necessary, ector. Page director. Your do w for be retained State and 3 to the fun the e should be executed within 24 hours after death. If ling" in pencil in Item 18. Give Pages 1, 2, and 3 to there's Office along with form PM3. Page 5 may be rest a burial-transit permit. File page 1 and 2 with the removal, and in any event within 72 hours after File pages "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as ris designated agent, prior to burial, cremation, or n DEPUTY MEDICAL EXAMINER: 240 p 0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 092 Montg elor demission) 2. USUAL RESIDENCE (Where decessed lived, If Institution, 25 e. STATE MATYLAND b. COUNTY 1. PLACE OF DEATH . COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARE 7502 Flower Ave. 7502 Flower Avw. YES NO NAME OF Middle DATE Month Day Year DECEASED OF William Curtis Aug. DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | 69st birthday) Months Hours Min. male white DIVORCED 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Gov. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dr. Andrew Curtis Mary Clapp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address. (Yas, no, or unkown) | (Ifyasgiva weror detasofsarvica) 18. CAUSE OF DEATH |Enter only one cause par lina for (e), (b), and (c).] Coronary Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert It of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 1 and in my opinion death resulted from: Natural causes y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Broschart Frank J. NAME (Typa) ress (Street, city, town, or county) EURIAL CREMATION. 22d. LOCATION (City, town, or country) MOVAL (S C'D BY REGISTRAR

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and though the DATE OF THE PERSON NAMED IN COLUMN C.n.g. (L.) Dr. Kadrey Cartin The second secon Poge 4

the attending physician and campletely filled in ay the functor. Then please remave corban popers. Pages 1 and 2 should be

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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001		CERTIFICA	TE OF DEATH			00201
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (WOO. STATE Maryland		If institution: Resident COUNTY	Let.
b. CITY OR TOWN (If outs RURAL and give nearest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limit	s, write RURAL ond	give nearest town)
Bethesda (R	lural)	l day	Ardmore		11	51-5
d. NAME OF HOSPITAL (III OR INSTITUTION U.S. Naval		et address)	d. STREET ADDRESS	t Street		e. IS RESIDEI ON A FAI YES N
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print) TwinE			DAVIS	OF DEATH	August	8 196
		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR IF UNDER 2
	aucasian WIDOV		8 August 1	.960 last b	irthday) Months	Doys Hours
10a. USUAL OCCUPATION (C	Give kind of work dane 10th	b. KIND OF BUSINESS OR INDU			12.CIT	IZEN OF WHAT COU
Newborn	ite, even it retired)		USNH. Bet.	hesda, Md.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Harry Charle	s DAVIS		Esther Ri	ta CLEMENT	S	
S. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. I	NFORMANT	THE TARREST	Address	
No (If yes,	, give war or dates of service)	None H	arry C. Davis	,9020 Hoba	rt St., Ar	dmore, Md.
Conditions, if ony, y gave rise to imme couse (o), stoting the ulying couse lost.	diate DUE TO	Prematures CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERA	MINAL DISEASE COND	App,	12 he
PART II. OTHER S 200. ACCIDENT WAS UN OR CONTRIBUTING C	IDEBINING TO JOH DI	ESCRIBE HOW INJURY OCCURRE	D /Ester esture of injury in	Part Los Part II of its	um 18)	YES N
	CAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Train of rain in of the	н то.,	
Y 20c. TIME OF INJURY A Haur a. m. p. m.	Whil	t-	ACE OF INJURY (Home, for ctory, street, office bldg., et) (County)
saw the deceased 22a. SIGN TURE 22c. PHYSICIAN'S NAME (Type)	0 0	las	M.D. ATTENDING ATTENDING 22d. ADDRESS	50 , to 8-8- 5RMfrom the co	uses and an the	-60 22b. D. SI
23a. BURIAL, CREMATION, 2		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (Ci	ty, town, or county)	(State)
REMOVAL (Specify) Burial	8-11-60	Arlington			ton, Va.	
24. FUNDAL DIRECTOR'S SIC	-temo.		Balt. Aves. REC	O'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE
Francis Gasc	h's Funeral	Home Hyattsvil	le, Md. DATEAU	IG 15'60	2000mil 20.	,

may be retained by the hospital ar attending parysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9247	CERTIFICATE	OF DEATH	

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1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryle		COLLEGE	dence before	
b. CITY OR TOWN (If autside carporate limits, write c. I RURAL and give nearest 19wn) SILVET Spring	LO Years	c. CITY OR TOWN (If our Silve:			d give neares	st tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address of Institution Thayer Ave,	ess)	d. STREET ADDRESS	nayer	Ave.		IS RESIDENCE ON A FARM? (ES NO 7
3. NAME OF DECEASED (Type or print) John	Middle Henry 1	Davis	4. DATE OF DEATH	Month August	Day 3	Year 160
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		Dec. 29, 188	lost l	(tn years IF UND pirthday) Manth yrs.	1	UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. KINE during most of working life, even if retired) Carpenter Gene	of Business or Indus Construction		r fareign country)		JSA	HAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	_			
Joseph Davis		Rac	hel Davi	ls		
(Yes no or unknown) . At you nive was as dates of service)		Emma V. Dav	is Sa	Address	2	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	incer of	stowed	la		62	worth
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	3 Jel	TION GIVEN IN P		WAS AUTOPSY PERFORMED? ES NO []
	HOW INJURY OCCURRED). (Enter nature of injury in Po	art I ar Part II af ite	em 1B.)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJUR Haur a. m. While at wark	Nat while fact	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
21, I certify that I attended the deceased falive an acrual SIGNATURE John M. and	2 //	occurred at 10,157		ar tawn, state)		
PHYSICIAN'S Dr. John N. A:	ndrews	9601 Col	esville	Rd. Si	lver	Spring
	c. NAME OF CEMETERY OF Forest Oak	CREMATORY	Gaith	ly, tawn, or count	, Md.	(State)
23. FYNERAL DIRECTOR'S SIGNATURE Francis H. Barber Layton	ADDRESS sville, Md		BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE S. Huse	A

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09263

	o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		Finstitution: Resident	Les .
	b. CITY OR TOWN (If or RURAL ond give neore Bethesda (I	1	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits	, write RURAL ond g	ive nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION J.S. Naval	(If not in hospital, give st	reet oddress)	d. STREET ADDRESS	t St.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Twin	First	Middle	Last DAVIS	4. DATE OF	Month August	Day Year 9 19 60
			MARRIED NEVER MARRIED NOWED DIVORCED	B. DATE OF BIRTH		rthday) Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
100		(Give kind of work done	OWED DIVORCED DIVORED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	AT THE STREET WATER	or foreign country)	yrs. 12. CITI	I4 24 ZEN OF WHAT COUNTRYS U.S.A.
15.	Harry Char	Les DAVIS N. U. S. ARMED FORCES? es, give war or dates of service)		Ester Ri	ta CLEMENT	Address	Vd
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO which (b)	Premater	nembrane	disease	Cpp.	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER 20a. ACCIDENT WAS I (IF EITHER, NOTIFY ME	JNDERLYING ☐ 20b.	NS <u>CONTRIBUTING TO DEATH</u> BUT				T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20		ACE OF INJURY (Home, for clory, street, office bldg., et		, (0	County) (State
		1) (this haspital) att	dended the deceased fram. 019, and that	ATTENDING	AED. STAFF, PHYS.	uses and an the	Q, that (I) (we) last e date stated abave 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	ATTON TO M	CUSN	22d. ADDRESS			
230	22c. PHYSICIAN'S NAME (Type) H. T. W. BURIAL, CREMATION, REMOVAL (Specify) Burial		C, USN 23c. NAME OF CEMETERY C	22d. ADDRESS U.S. NAVE	Al Hospital 23d. LOCATION (City Arlingto	, Bethesd	

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	Mary Land		g zomagstatek
		_ XW,I	(Artes) absorbed
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08 6 a senio		Raymond	Antyr
VS TRE	A Anguer 1900		NULO COUDINE
L.B.A.	Lay same, M.		armo vo.
	NAMES RICH CHANGERS	814	d server grass
.18(,************************************	Harry C. May 15, 9020 Hobert	tool	
	Manager Shirt		
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Gard-0	XX Sept 25 NA		
Setherda, Mel-	W. S. Borel Ropping.		. 4
AV.	managed Language	podaniii 004	La Tal
	TIS ELL TOWN THE	AVERA BOOM LANGE	Francisco de P

aw requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09264

9	347		CERTIFIC	ATE (OF DEATH			092	04
1. PLACE OF DEATH o. COUNTY Montgo	mery		MARYLANI	0	UAL RESIDENCE (WESTATE Maryland		. If institution: F b. COUNTY	Residence befor	e admission
b. CITY OR TOWN	N (If autside corporate limits,	write c. LEN	GTH OF STAY IN 11	b c.	CITY OR TOWN (If o	outside corporate lin	mits, write RURA	L and give near	rest town)
RURAL ond give		2	7 Days		Baltimore	2		3 40	31.4
d. NAME OF HOS	PITAL (If nat in hospital, give			d.	STREET ADDRESS				. IS RESIDENCE
OR INSTITUTIO		1 That ha	ada		4811 True	ave aloba			ON A FARM?
3. NAME OF	laval Hospital	L, Bethe	Middle			4. DATE			
DECEASED (Type or print)	Will		Leonar		DAVIS	OF DEATH	Augu	st 14	
5. SEX	6. COLOR OR RACE 7	MARRIED 1	NEVER MARRIED	8. DATI	E OF BIRTH	9. AC	1 1 3 4		IF UNDER 24 HRS
Male	Caucasian	WIDOWED [DIVORCED [1 5 A	ugust 190	6 51	yrs.	onths Days	Hours Min.
during most of v	TION (Give kind of work do rarking life, even if retired)	ne 10b. KIND O	F BUSINESS OR IN	IDUSTRY 1	1. BIRTHPLACE (Stote	or fareign country		12. CITIZEN OF	WHAT COUNTRY
U.S. Na	vy		U.S. Nav	У	Maryland			U.S	.A.
3. FATHER'S NAME				14. /	MOTHER'S MAIDEN N	NAME			
Wilbert	DAVIS				Annie	FORLIFER			
15. WAS DECEASED	VER IN U. S. ARMED FORCE	ES? 16. SOCIAL	SECURITY NO. 17	7. INFORM		COLLEGE DATE	Address		
(Yes, no, or unknown)	(If yes, give wor or dates of serv	0.00	01 6278	Mrg.	Dorothy :	Louise DA	VTS Same	e as 2d	
Yes	WW II Kores			PAL D	DOLOULY .	LOUISC DA	112,000		
	DEATH [Enter only ane caus DEATH WAS CAUSED BY:	se per line far (a), (b), ond (c).]	-					RVAL BETWEEN
TAKI U. L	IMMEDIATE CAUSE (o)_	Carelin	al mes	lasto	ues				6 week
163	DUE TO				11				R
Conditions, it	any, which) (b)_	lase	Cu delice	of -	th lune	and.		6	weeks
gave rise to cause (o), stati	immediate (/	1				
lying cause lo									
Z PART II.	OTHER SIGNIFICANT CONDI	ITIONS CONTRIB	UTING TO DEATH F	BUT NOT R	ELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a) 19	. WAS AUTOPSY
TA									PERFORMED?
U ACCIDENT	WAS HINDSBINING TO	OF DECCRIBE M	OW INTRIBATION	DDED /5-1-		Don't Lon Port II of	them 10 \		YES NO
OR CONTRIBUTI	WAS UNDERLYING 21 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	OB. DESCRIBE HO	JW INJURY OCCUP	KKED. (Ente	r nature of injury in	rorr I or rorr II or	item is.)		
		20d. INJURY C	CCUPPED 20e	PLACE OF	tNJURY (Hame, farm	20f (City or to)	wal	(County)	(State
20c. TIME OF IN.	n.		of while_	factory, st	reet, affice bldg., etc	.)	,,,	(County)	(31010
p. (n. 19	ot wark _ ot	work						
21. I certify	hat (I) (this haspital)	ottended the	deceased fran	m. 7-1	.8- 19	60 to 8-1	4-	1960 the	at (I) (we) los
saw the dece	eased alive on 8-14	t- 19	60 and the	at death	occurred a202	M. fram the	causes and a		
22a. SIGNATURE	11	//		1 404		,	0.10	, , , , , , , , , , , , , , , , , , ,	22b. DATE
11/1/1	11 / -	1/200				RECTOR PH	YS. IX 8	-15-60	SIGNE
236 PHYSICIAN	S	1000			2d. ADDRESS	KECIOK L. TI	13. 128		
Rober	t C. THOMAS,	LT. MC.	USN		U.S. Nava	Hospita	1. Beth	esda, 1	
23a. BURIAL, CREMA REMOVAL (Spec		23c. N	IAME OF CEMETERY	Y OR CREM	ATORY	23d. LOCATION (City, town, or co	ounty)	(Stote)
Burial		1960 G	arden of	Faith	1	Baltimo	re, Mar	yland	
24. FUNERAL DIRECT			DDRESS			D BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	E
BURGEE,	FUNERAL HOME,	36 Fa	lls Rd., P	Baltin	ore, Md HIG	17'60	arilus	S. Kraus	

9347 busings at a sure Was training promining - seed to - (Loron) amounted . P. Layer and Coll. Science of the College of the Tananai Bayad Manaai malfilly it soil seemed to a market man and a market U.G. Mayy Baryuma ROLDING SELECTION OF THE PARTY WILLBURG BANKE You I've it for an Ell a tra Dorotay Laded David, Suce of th the contract of the contract o Rolling D. Markey, May No, Mar Amely with the second of the s Button, Marchine Royle Royle de Beitterre, Marchine France

after death. Page 4

requires that the death certificate be executed within 24 hours

9348 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ltem 16 FilmG268 8-10-60 et CERTIFICATE OF DEATH

09265

arthur S. Kraus

DATE AUG 8

								are St. miner		
1. PLACE OF DEATH o. COUNTY	Mont gome r	7	MARYL		2. USUAL RESIDENCE (WHO O. STATE D.	~	lived. If instituti b. COUNTY	on: Residence	before admis	sion)
RURAL ond give Beth	iesda		c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (IF o		te limits, write R	URAL ond give	nearest tow	1-3
OR INSTITUTION	PITAL (If not in hospitol, g		idress)		d. STREET ADDRESS 5017 U	pton S	st., N.	W.	ON A	SIDENCE A FARM? NO 📆
3. NAME OF DECEASED (Type or print)	Home		Middle Fran	k	Dawson Lost	4. DATE OF DEATH	Augu		Day	Year 1960
5. SEX male	6. COLOR OR RACE White	7. MARRIE	DIVORCED	_	DATE OF BIRTH 6/21/1887	9	AGE (In years last buthday) yrs.	Months Do		ER 24 HRS. Min.
10a USUAL OCCUPA during most of w	TION (Give kind of work or orking life, even if retired	done 10b. K	IND OF BUSINESS OF	R INDUSTR	West Vir				N OF WHAT	COUNTRY?
13. FATHER'S NAME	·				14. MOTHER'S MAIDEN N					
	am Dawson				Arminta	a Nic	hols			
15. WAS DECEASEDE (Yes. no, or unknown) Yes	VER IN U. S. ARMED FOR	ervice)	9-50-0034	Mrs.	ormant Jessie I	Dawson	5017	"Upto	n S t.	,N.W.
Conditions, if gave rise to cause (a), stotin lying couse los	immediate ag the under-	Ch	ronic 1	onge Hyt Jon	estive her pertens, nevalone	ivec phri	ardio-la arteriola NST	renal	SYI	Ans 1/5+
STIP	hronic		emia	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GA	EN IN PART 1(AUTOPSY ORMED?
	WAS UNDERLYING ON CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	NBE HOW INJURY OC	CCURRED.	(Enter noture of injury in I	Port I or Port I	1 af item 1B.)			
20c. TIME OF INJU	10	While	Not while of work	20e. PLAC foctor	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City o	r tawn)	(Cou	nty)	(State)
21. I certify	that I ottended the	deceased			1947, to 8	× . 4 .		that I las		
olive on	8131	196	Q, and that	deoth o	ccurred at 3				date state	ed above.
ACTUAL SIGNATURE	Stewar	t li	laff	M.I	. 4740	Chev	et, city or town,	stote) 15 e Di	n F	4/60
PHYSICIAN'S NAME (Type)	Stewa	rt	Clap	p	Chevy	Cha	se15	Md.	,	
220. BURIAL, CREMAT REMOVAL (Special Burial			22c. NAME OF CEME				on (City, town, on gton.	Virgi	(Slot	e)
23. FUNERAL DIRECTO		~	ADDRESS		24g. REC'I	D BY REGISTR	-	TRAR'S SIGNA		
The S.	H. Hines	Co.	Washingt	on,	D. C. DATE A	UG 8 '6	0 0	Tathua 8	Kaned	

TO HOSPITAL OR ATTENDING PHYSICIAN: Th VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH

09266

			CE	KIIFICAI	E OF DEATH				
M)	1.	PLACE OF DEATH COUNTY Montgomery		MARYLAND	o. STATE Maryland	here deceased	lived. If institution b. COUNTY	Residence before	admission)
		b. CITY OR TOWN (If outside corporate limit RURAL and give negrest town) Bethesda (Rural)		of STAY IN 16 ours 35Mi.	c. CITY OR TOWN (IF a			RAL and give near	st town)
75	-	d. NAME OF HOSPITAL (If not in hospitol, g OR INSTITUTION U.S. Naval Hospital,	ve street oddress)		d. STREET ADDRESS 1932 Rosen			е.	IS RESIDENCE ON A FARM? YES NO V
49	3.	NAME OF Fir		Middle	Last	4. DATE	Month	Day	Yeor
		DECEASED (Type or print) And		Iea	DEVENNEY	OF DEATH	Augus		1-
	5. 5		7. MARRIED NEVE		DATE OF BIRTH	9	. AGE (In years II	F UNDER 1 YEAR I	
5-32	F	emale Caucasian		DIVORCED [9-3-57		lost birthdoy) 7	Months Days	Hours Min.
1	-	. USUAL OCCUPATION (Give kind of work of	lone 10b. KIND OF BUS	INESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY?
1		during most of working life, even if retired			Maryland	1		U.	S.A.
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	100		
	1	James J. DEVENNEY			Dixie I	. MURRI	EY		
		WAS DECEASED EVER IN U. S. ARMED FOR		RITY NO. 17. INF	DRMANT		Addres	ss	
	116	No. or unknown) (If yes, give war or dates of so	None	Mrs	. Dixie L. I	DEVENNE	Y . Same	as 2d	
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions, if any, which gove rise to provide the policy of the provided		G TO DEATH BUT N	OT RELATED TO THE TERM	IINAI DISFASF	CONDITION GIVE	N IN PART I(a) 19	. WAS AUTOPSY
9	FICATIO				Marin Di	10 6			PERFORMED? YES NO
-	CERTI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW I	NJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port	II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yes Hour o. m. p. m.	While Not while of work of work	ile facto	E OF INJURY (Home, farm ry, street, office bldg., etc		or town)	(County)	(Stote
	-) attended the dec		ath accurred at 6:	50 , ta		an the date	
		220. SIGNATURE	alton	M.	D. PHYS. D	AED.	STAFF PHYS. X	8-15-60	22b. DATE SIGNED
		PAME (TR. L. WALTON,	LT, MC, US	N	U.S. Nav	ral Hos	pital, Be	ethesda,	N
	230	BURIAL, CREMATION, 23b. DATE THERECONERS REMOVAL (Specify) Burial 8-23-60		of CEMETERY OR rlington		100	ON (City, town, or lington,		(Stote)
	24.	R. A. PUMPHREY, 7557				D BY REGISTR	AR 2Sb. REGIST	RAR'S SIGNATURE	

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	IX		9248/2	CER	TIFICATE OF	DEATH	Reg. Dist.	19267
funeral director, uld be filed with			COUNTY Blod	Salvier San	RYLAND 2. USUAL RES	SIDENCE (Where deceased live		
P P	(M)	1	CITY OR TOWN (If outside corporate RURAL and give nearest town)		AY IN/B c. CITY OF	TOWN (If outside corporale		e nearest town)
in by the	X	/	NAME OF HOSPITAL (If not in hospite OR INSTITUTION		6105	-42nd Plac	e 1662-	e. 15 RESIDENCE ON A FARM? YES NO
Pages 1 o	1	1	NAME OF DECEASED Type or print)	hn Adol	Ph. De	ds. DATE OF DEATH	Month	28 19 6C
nplete			6. COLOR OR RA Male White USUAL OCCUPATION (Give kind of we	WIDOWED DIVOR	CED 12-2	8-1875 2	4 yrs.	ays Hours Min.
ond bon er de			during most of working life, even if refi	ired)	Blo	den Sbu	9, Md. 4	S 19
physician remave carl 2 haurs afte			GEOV 98 WAS DECEASED EVER IN U. S ARMED	A. DO + Y. FORCES? 16. SOCIAL SECURITY I		LeyPo	Id T A	largaret
attending p please rer within 72 t		(1105	18. CAUSE OF DEATH [Enter only one	263-30-8	48/Maybe	11e Porr	Wille	7/ INTERVAL BETWEEN
the after Then ple vent with			PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUSE DUE	Y: (0) Palmmery	e dem.			ONSET AND DEATH
igned by permit.			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	16) Osterusele	water Courle	regular of	INCALL.	8 y1.
ing sicion. te has been si burial-transit removal, and	(ICATION	PART II. OTHER SIGNIFICANT C	(c)ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
fico fico the	V		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE	TH R}	OCCURRED. (Enter noture	of injury in Port I or Port II o	f item 18.)	
tal ar att this certi or use as rematian,		MEDICAL	20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY foctory, street, office	(Home, form, 20f. (Cily or to bldg., etc.)	own) (Cou	enty) (Stote)
he hospi R: After tached fo burial, a			21. I certify that I attended t		- 20 , 1950 at death accurred a	1/35 401	e causes and on the	at saw the deceased date stated above.
RECTO Be del			ACTUAL SIGNATURE SIGNATURE	ner mo.	M.D. 25		city or town, state)	DATE SIGNED
RAL shou			PHYSICIAN'S R.D. BALL	=R NI.D.	Я	delphi, no	M.	
0 00 0		220. E	BURIAL, CREMATION, 226. DATE THEIR REMOVAL (Specify) 8/31/6	and that of Cr	METERY OR CREMATORY		(City. town, or county) r Manor,	(Stote) Md.
S A15 (4) 5M 10/57	HY!		uneral director's signature Gasch's Sons	ADDRESS Hyattsville,	Maryland	24a. REC'D BY REGISTRAR DATE NIG 3 1 '60	246. REGISTRAR'S SIGN	
	d	-						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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STATE OF THE PARTY.			k v
			Mikes Jackson N. Programme
	All Ale	184 St. 18	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09268

Reg.	Diet	No

1. PLACE OF DE
b. CITY OR T

should be filed with	(M)
be f	0.00
should	79

ofter death. Page 4

w requires that the death certificate be executed within 24 1

TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the haspital or attending Thysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

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VS .		55)

	9350	CERTIFICA	ATE OF DEATH	Reg. Dist.	3208 No.
	1. PLACE OF DEATH OC. COUNTY Montagement	MARYLAND		deceased lived. If institution, Residence I	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Washingt	de corporate limits, write RURAL and give	nearest town)
ě	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Marylander Nursing Home		d. STREET ADDRESS 2310 As hmea	d Place, N.W.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SALLIE	Middle	DOUTHAT 4.	DATE Month OF DEATH August	1 Year 60
	5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Sept. 6, 1872	9. AGE (In years IF UNDER 1 Y loss by thday) yrs.	EAR IF UNDER 24 HRS. ys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	At Home		greign country) = 12. CITIZE	N OF WHAT COUNTRY?
	13. FATHER'S NAME Daniel H. Carr		14. MOTHER'S MAIDEN NAM Sallie		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. IYes, no. or unknown) III yes, give war or dates of service) NO		lyde B. Douthat	Address 2310 Ashmead Pl.,	NW, Wash.,DC
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS of the country of the	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port	I or Port II of item 18.)	1 12 10 10
	20c. TIME OF INJURY Manth, Day, Year 20d. I While Hour o. m. 19 While at wor	Not while fa	ACE OF INJURY (Home, farm, 2 ictory, street, office bldg., etc.)	(Cou	nty) (State)
- Second	21. I certify that I attended the decease alive op 19 ACTUAL SIGNATURE PHYSICIAN'S James P. Kerr	ed fram Orgust	n accurred at 11 SPA ADD M.D. Damas C	A, from the causes and an the RESS (Street, city or hown, state)	t saw the deceased date stated abave. DATE SIGNED
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 5 August 60	72c. NAME OF CEMETERY C	OR CREMATORY 22cd	LOCATION (City, town, or county) Alexandria, Virgi	(Stote)
1	23. FUNERAL DIRECTOR'S SIGNATURE Proces Cunningham Funeral Home In	ADDRESS (1C. Box 65, Ale	24a. REC'D 8Y		

			N. C.
Section 2			
			H-Aller
		17.27	
			Carlo Santage
	OH S got We . No		

DECKING &

77	Jack Thomas Certificate of Death
(MA)	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
TAI	Montgomery Maryland Montgomery
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) RURAL and give nearest lown)
157-	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
0/5	Washington Sanitarium + Hospital 8013 14th Avenue VES NO
	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
	(Type or print) Walter (None) DOXON DEATH & 1860
	5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	during most of working life, even if retired)
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Walter Doxon Martha
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service)
	Ves Gordwar I Washington Sanitarium and Hospital Reco
	18. CAUSE OF DEATH [Enter only one cause per his for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
	Tago o meto missouried Infration osule line
	Conditions, if any, which gave rise to immediate DUE TO DUE TO DUE TO
	lying cause lost. (c) Circuro classic & Sypertensive 1:0 ym.
	PART OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	3 Overty Webles meller
V	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Log Part II of item 18.3) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL(EX.MINER)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)
	Hour o. m. While Not while foctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram. 0/13 195/1 to 8/18 1960 that (I) (we) last
1	saw the deceased alive an 8/18 1960 and that death accurred at 70%, from the causes and an the date stated above
-	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE
	M.D. PHYS. ATENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Type) DAVID GOLDENBERG 16620 GLORGIA, SIL SPG, M
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Burial 8-22-1960 Arlingtom Nat'l Gemetery- Arlington, Va.
	24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS TO LOW 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Greek Souters for Wash. D. C. DATEG 22'60 arthur S. Kings

by requires that the death certificate be executed within 24 ha

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	ANN HOLES COLLEGE			
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		in er		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9351

CERTIFICATE OF DEATH

0927()

	keg, Dist. 140.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Montgomery	36 . 7 . 7
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Bethesda 10 Hrs.	Silver Spring
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS Apt. 406 e. IS RESIDENCE ON A FARM?
Suburban	850/ 16th St. N.W. YES NO X
3. NAME OF First Middle DECEASED (Type or print)	Lost 4. DATE Month Day Yeor OF DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Angust 70 1760
Formal a WIDOWED DIVORCED	Oec / 1904 Sost birthday) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWIFE	BURMA GREAT BRI
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
e.P. STONE	UNKKOVVN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war or dales of service)	INFORMANT (DANGHTER) Address
NO None M	IRS, CHRISTOFFERS 4601 BETTERS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	penys might 11. Ten
DUE TO	- A. Diran a A. A.
Conditions, if any, which (b) feel Chin	in a consider curland UNKNOU
gove rise to immediate couse (o), stating the under-	- 1 1017-
lying couse lost. (c) Dealer	4 William KNOWN 18
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
DIARFT!" NEDRODATIVNE	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Parted or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U ABET CHECK OF THE PROPERTY OF	teb. (enter notice of injory in rotal of rotal flor flem 16.)
Hour o.m. While Not while fo	PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.)
p. m. 19 at wark ot work	
21. I certify that I attended the deceased from. JAN	19.59, ta THE PRESENT , that I last saw the deceased
	the same of the sa
dive different distribution of the dear	th accurred at 132 M, from the causes and an the date stated abave
ACTUAL COURSE of a consumable	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE CELEBRATER W. STORY	M.D. WASHINGION CLINIC
PHYSICIAN'S NAME (Type)	WASHINGTON 15, D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, ar county) (State)
REMOVAL (Specify)	eaven Cem. Silver Spring, Maryland
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Ma	aryland are Alig 22'60 Calling & House

Table sources and the fig. and the state of t formities and the process of the last three last one recent that the last the last

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9359

CERTIFICATE OF DEATH

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lea.	Dist	N	lo.		

o. COI	OF DEATH		2. USUAL RESIDENCE (W			ce before admissio	on)
0. CO	2.0	MARYLAND		b. CO	3.6	+	
b CIT	Y OR TOWN (If outside corporate limits, v	write c. LENGTH OF STAY IN 16	Mary land	outside corporate limits, w		tgomery	
	RAL and give nearest town)	C. LENGTH OF STAT IN 10	C. CITT OK TOWN (III	ouiside corporote fiffilis, w	THE KOKAL OIG	give nearest town,	
	Bethesda	37 Hrs	Silve	r Spring			
d. NA	ME OF HOSPITAL (If not in hospital, give INSTITUTION	street oddress)	d. STREET ADDRESS	10		e. IS RESID	
OK		3.0	okon In a	7 0		ON A F	
	Suburban		0607 Bucknel				
DECEA	E OF First	Middle	Last	4. DATE OF	Month	Day Ye	ear
(Type	or print) Clara R.		Dysland	DEATH	August	77 19	9 60
5. SEX		MARRIED TINEVER MARRIED	B. DATE OF BIRTH	9. AGE (In :	years TF UNDER	1 YEAR IF UNDER	
_		DIVORCED T	- 10 - 100	lost birth		Days Hours	Min.
	(1)9 1 (B) 1 (B) 1 (B) 1		3/23/88	1 72	yrs.		
Oa. USU.	AL OCCUPATION (Give kind of work doning most of working life, even if retired)		USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT CO	DUNTR
	Housewife	Own home	North I	Dekote	1	J.S.A	
B. FATHE	ER'S NAME		14. MOTHER'S MAIDEN			20.043	
	John Jacob	Ronnold	Carol	line Olson			
5. WAS	DECEASED EVER IN U. S. ARMED FORCES		INFORMANT	`	Address		
-		none	D /	T	- 1)		
- 14			Daughter (Irele Dysla	na)		
10.	CAUSE OF DEATH [Enter only one couse	per line for (o), (b), ond (c).				ONSET AND D	WEEN
10.	PART I. DEATH WAS CAUSED BY	n	nain Of			ONSET AND D	WEEN
10.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Preumo	nia, el	Peronic	•	ONSET AND D	WEEN
	PART I. DEATH WAS CAUSED BY	g neumo		Peranic		ONSET AND D	WEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	g neumo		eronic male	· ·	2 14 0	WEEN DEATH
Con	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO notitions, if ony, which ye rise to immediate	g neumo	ma, Ol	enonic in maley	nany	2 Mg	WEEN DEATH
Con	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO notitions, if ony, which ve rise to immediate se (o), stating the under-	g neumo		in maleg	navey	2 Mg	WEEN DEATH
Con gov cous lyin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b) ve rise to immediate se (o), stating the under- g couse last. (c)	Preumo	underlige	/		2 Mac	DEATH LAC
Con gov cous lyin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO notitions, if ony, which ve rise to immediate se (o), stating the under-	Preumo	underlige	/		Z /4 C	DEATH LANGE
Con gov cous lyin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b) ve rise to immediate se (o), stating the under- g couse last. (c)	Preumo	underlige	/		ONSET AND E 2 /4 /	UTOPS
Congov	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Cover rise to immediate (b) DUE TO DUE TO DUE TO DUE TO COVER COVE	possible ONS CONTRIBUTING TO DEATH BUT Les wells	US ALL TELETED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PAR	Z /4 C	UTOPS
Congov	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO COLUMN TO	Preumo	US ALL TELETED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PAR	ONSET AND E 2 /4 /	UTOPS
Con gov cous lyin OR CO (IF EI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Inditions, if ony, which ve rise to immediate so (o), stating the under- to couse lost. PART II. OTHER SIGNIFICANT CONDITION ACCIDENT WAS UNDERLYING IT 206	possible ONS CONTRIBUTING TO DEATH BUT Les wells	US ALL TELETED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PAR	ONSET AND E 2 /4 /	UTOPS
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Con gov cous lyin OR CO (IF EI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO DUE TO DUE TO OUT TO DUE TO DUE TO OUT TO DUE TO OUT TO DUE TO OUT TO OU	Porsible ONS CONTRIBUTING TO DEATH BUT LICENTED DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not while	UT NOT RELATED TO THE TERM LES EED. (Enter noture of injury in	INAL DISEASE CONDITIO	N GIVEN IN PAR	Z /4 C	UTOPS
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Congover Court of the Court of	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO COLUMN TO	Possible Forsible Forsib	OT NOT RELATED TO THE TERM LED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bldg., etc.	Port I or Port II of item 1	N GIVEN IN PAR	ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO [
Congover Certification (Proposed Proposed Propos	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO notitions, if ony, which ve rise to immediate se (a), stating the under- g couse lost. PART II. OTHER SIGNIFICANT CONDITI ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	OT NOT RELATED TO THE TERM LED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bidg., etc	Port I or Port II of item 1 n, 20f. (City or town)	B.) (C)	ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO [
Congover Certification (Proposed Proposed Propos	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO COLUMN TO	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	OT NOT RELATED TO THE TERM LED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bldg., etc.	Port I or Port II of item 1 1. 20f. (City or town) 2. 15 2. M, fram the cause	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO [
Congov gov lyin QR CO (IF EI 20c. 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DU	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	OT NOT RELATED TO THE TERM LED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bidg., etc	Port I or Port II of item 1 n, 20f. (City or town)	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO [
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Congover Course I Jrin OR CO (IF EI 20c. 1 aliv	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DU	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	IT NOT RELATED TO THE TERM JED. (Enter noture of injury in octory, street, office bldg., etc. 1958, ta. th accurred at \$30 A. M.D	Port I or Port II of item 1 n, 20f. (City or town) M. 19 M. fram the cause ADDRESS (Street, city or	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO (Sto
WEDDICAL CERTIFICATION OR COUNTY OF	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INDICIONAL PROPERTY OF TO THE PROPERTY OF THE PROPERTY	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	IT NOT RELATED TO THE TERM JED. (Enter noture of injury in octory, street, office bldg., etc. 1958, ta. th accurred at \$30 A. M.D	Port I or Port II of item 1 n, 20f. (City or town) M. 19 M. fram the cause ADDRESS (Street, city or	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO (Sto
WEDDICAL CERTIFICATION OR COUNTY OF	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DU	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	IT NOT RELATED TO THE TERM JED. (Enter noture of injury in octory, street, office bldg., etc. 1958, ta. th accurred at \$30 A. M.D	Port I or Port II of item 1 1. 20f. (City or town) 2. 15 2. M, fram the cause	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County)	UTOPS RMED? NO (Stores
Congover of the congover of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO DU	Porsible Porsible Porsible Done Contributing to Death But wells Done Describe How Injury Occurred 20d. Injury Occurred While Not while of work of work for work	DIT NOT RELATED TO THE TERM LINED. (Enter noture of injury in PLACE OF INJURY (Home, form actory, street, office bldg., etc. 1958, ta The accurred at \$20 A	Port I or Port II of item 1 n, 20f. (City or town) Solution 15 M, fram the cause ADDRESS (Street, city or See Sec. 15)	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND E 2 /4 / T 1(o) 19. WAS AI PERFOR YES County) County) Total County of the deep date stated DATE 8 / 1 / 1	UTOPS MAED? NO [
Coordinate of the coordinate o	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DU	Possible Formula Contributing to Death But Mile Soft Work Contributing to Death But Mile Contribution of Work Contribution of Work Contribution of Work Contribution Contribu	DIT NOT RELATED TO THE TERM LED. (Enter noture of injury in PLACE OF INJURY (Home, form octory, street, office bldg., etc. 1958, ta th accurred at \$30 A	Port I or Port II of item 1 n, 20f. (City or town) M. 19 M. fram the cause ADDRESS (Street, city or	B.) (C) (C) (C) (C) (C) (C) (C) (ONSET AND DE 2 1/10 19. WAS AI PERFOR YES County) County) County) County) County) County) County)	UTOPS MED? NO (Stories abays signi

TO HOSPITAL OR ATTENDING PHYSICIAN: Day requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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BALTIMORE 1, MARYLAND

DIVISION	OF	STATISTICAL	RESEARCH	AND	RECORI	25	_
		CEI	RTIFICA	ATE	OF	D	EA

09272

	9353 CERTIFIC	CATE OF DEATH	09272
1	1. PLACE OF DEATH a. COUNTY Montgomery Marylan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
)	b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) Bethesda L Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest town)
50	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center	d. STREET ADDRESS U.S.A.R. C.A.I.B. School Quarte	e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle (Type or print) Mary Jane	Last 4. DATE Month OF DEATH August	Day Yeor 18 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	lost birthdoy) Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Secretary Secretarial		S. A.
T	William J. Evans	14. MOTHER'S MAIDEN NAME Laura Kreighbaum	
ن	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	7 INFORMANT The Medical Record Address The Clinical Center, Bethesda, Mary	vland
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO Rheumatic heart (b). DUE TO Aortic stenosis	disease and insufficiency	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Port I or Port II of item 18.)	
	Value Color Colo	PLACE OF INJURY (Home, form, 20f. (City or town) (C foctory, street, office bldg., etc.)	(Stote)
1	21. I certify that (I) (this nospital) attended the deceased from saw the deceased alive an August 18,19 60, and the 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Benson R. Wilcox, M.D.	M.D. ATTENDING MED. PHYS. ADDRESS THE Clinical Center	date stated abave. 22b. DATE 8/19/60 SIGNED
	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	National Institutes of Health Y OR CREMATORY 23d. LOCATION (City, town, or county) Nat. Cem. Arlington, Virg	(State)
	24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, M	25g, REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	GNATURE

aw requires that the death certificate be executed within 24 hrapiter death. Page 4 physician. has been signed by the attending physician and completely filled in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN:
may be retained by the hospital or attending
TO FUNERAL DIRECTOR: After this certificate h

VR A15 (4) 15M 9/59

3-7-1-1 mov Spare " Trans alvertises about 188 The Company of the Co your builtings but along an office. the terminal of the second of Santa all and the control of the con Booset 3. Eurovey Bethesday Maryland Factores

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09273

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	PLACE OF DEATH o. COUNTY Montgomery	W====		MAR	YLAND	2. USUAL RESIDENCE a. STATE Alabama	(Where decea	sed lived. If in b. CO		n: Reside	nce befo	re admiss	sion)
Г	b. CITY OR TOWN (IF		s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside cor	porote limits, w	rite RL	JRAL and	give nec	arest fow	n)
1	RURAL ond give nea Bethesda	resi town)		11 days		Bessèmera	m		4	OX	-	3	
	d. NAME OF HOSPITA OR INSTITUTION			address)		d. STREET ADDRES	SS	101 / 11	-				FARM?
	The Clinica				d.		Bax 262	-				-	
3.	NAME OF DECEASED	Fin		Middl (Non		Ellis	4. DATE OF		Mont		Do	*	Year
-	(Type or print)	Selm					DEAT		igus		3.		1960
	SEX			IEDE NEVER MARR		B. DATE OF BIRTH	2026	9. AGE (In s	years doy)	Months	Days	Hours	ER 24 HR
-	Male	Negro	WIDOWE				1916	144	угѕ.				
10	 USUAL OCCUPATION during most of working 	N (Give kind of work on Name (Give kind) Name (Give kind)	ione 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (S	itate or fareign	country)		12.CI	TIZEN OF	FWHAT	COUNTRY
_	Laborer			Constructi	.on	Ala	bama				U.S	S.A.	
1/3.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME						
)	(First name	unknown)	Ell:	is		Hattie T	horenti	ion					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT The M	edical	Record	Addr	ess		bil	
,	No	yes, give war or dates or se		20-09-0405	. 1	ne Clinical				a 14.	Ma	rvla	nd
	18. CAUSE OF DEAT	H [Enter only one ca	use per lir	ne far (a), (b), and (c							INT	ERVAL BE	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Per	ipheral V	Jascu.	lar Collaps	e				ONS	5 mi	nute
	100	DUE TO											
	Canditions, if an	o orkitalesi	Ma.	lignant Ly	mpho	ma.					1	0 mo	nths
	gove rise to im	mediate (DUE TO											
	lying cause last.	ie under-	Bi.	lateral pr	neumo	nia.							
Z		R SIGNIFICANT CON				NOT RELATED TO THE T	ERMINAL DISE.	ASE CONDITIO	N GIVI	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
ATI												YES X	NO T
IFIC	20g. ACCIDENT WAS	UNDERLYING [20b. DESC	CRIBE HOW INJURY	OCCURRED). (Enter noture of injur	y in Port I ar f	Part II of item 1	B.)				
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH											
	20c. TIME OF INJURY		20d IN	NJURY OCCURRED	20e. Pl A	CE OF INJURY (Home,	farm. 20f 10	lity or town)			(County)		(Slote
MEDICAL	Hour o.m.	19	While	Not while		tory, street, office bldg.		, 0. 10411			(200111))		(3.016
×	p. m.		ot worl			1 00					10		
	21 I certify that	(I) (this hospital) oftend	led the deceosed	d from	August 20		August					
	saw the decease	d alive on Aug	ust	31 19 60, and	d that d	eath accurred at 5	: 25M, fra	m the cause	es and	d an th	e date	stated	d obove
	220. SIGNATURE	101.	, (111 hr	/1	ATTENIDING	1150	CTAFF				22	B. DATE
	Soft	win m	· Vio	*U1 11.	U: 1	M.D. PHYS.	MED. DIRECTOR [STAFF PHYS.				9/1/	60 GNE
	22c. PHYSICIAN'S NAME (Type)	Sheldon M.	Wolf	e/M D		22d. ADDRESS	The Cli	inical (Cent	ter,	Nat:	iona	1
	(1)00/	JIICTUOII FI.	MOTT	+/3 LT. D.		Institut							
23	a. BURIAL, CREMATION	I, 235 DATE THEREO	F,	23c. NAME OF CEA	METERY OF			CATION (City, t				Aysty	(6)
	REMOVAL (Specify)	9-3-	60				130	ssem	w	1		EL.	a
24	FUNERAL DIRECTOR'S	DIGNATURE	./	ADDRESS		2So.	REC'D BY REG		REGIS	RAR'S S	IGNATU	RE	
2	Fresicio 7	uneral	Hon	u Inc.		DATE	PED 7	260	a	Ilun .	8. Kro	ua	

TO HOSPITAL OR ATTENDING PHYSICIAN: The requires that the death certificate be executed within 24 however death. Page 4 may be retained by the hospital ar ottending penysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. iw requires that the death certificate be executed within 24 how

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution, Rasidance bafore admission) e. COUNTY b. COUNTY and 3 to the funeral director. Page may be retained for your files. e. STATE Montgomery
b. CITY OR TOWN (if outside corporata limits, Maryland
c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) MARYLAND c. LENGTH OF STAY IN 16 writa RURAL end giva naarast town) ō 86 days Fort George G. Meade Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) State Boar . IS RESIDENCE ON A FARM? 1829 East Reece Road The Clinical Center, Bethesda 14. Md. YES NO 3. NAME OF 4. DATE DECEASED OF with the Ellen (Typa or print) Frances Fancher DEATH ve Pages 1, 2, and 3 to the Ya. Pages 5 may be repaired and 2 with the pages 1 and 2 with the rithin 72 hours after August 19 60 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months 1 Female December 28, 1928 White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired)
School Teacher Education Virginia U.S.A. in pencil in Item 18. Give Pag 13. FATHER'S-NAME 14. MOTHER'S MAIDEN NAME Henry Rorer Addie Bailey 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgive weror detes of service) Office along with The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO WideSpread metastaces. Conditions, if any, which (b) geve rise to immadiate couse "pending" DUE TO (e), steting the underlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as causa last. cremation, CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO [Jeam Inerapo 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Isjury In Port I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. file under grown Carcinma 20d. INJURY OCCURRED | 200. PLAGE OF INJURY (Home, farm) 20f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) YSteta) factory, street, office bldg., atcul should be forwarded to the FUNERAL DIRECTOR: Page 1 19 60 at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY Addrass (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington, Virginia Burial 8/4/60 Arlington National Cem. 0 940 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Rinaldi Funeral Home, Inc. 816 H St., NE, Wash, Z, D. C. VS. A15ME '60 arthur & Kraus DATAUG 3 5M 7/59

Santa Li to the second So days the same from the same of the same Dathonis The Clinical Center, Settmade M. M. 125 and Serge Land Thomas Team Team Team Trouble (Temper of the proof Denomitor Co. 1995 in it with noitions mettal mate The service I can be served Id, inches THE RESERVE OF THE RE Dishel S. 1874/80 S. S. Dellington S. Stener C. H. Hand D. Marinia J. Analit sunseril Hone, the contract of the carries o

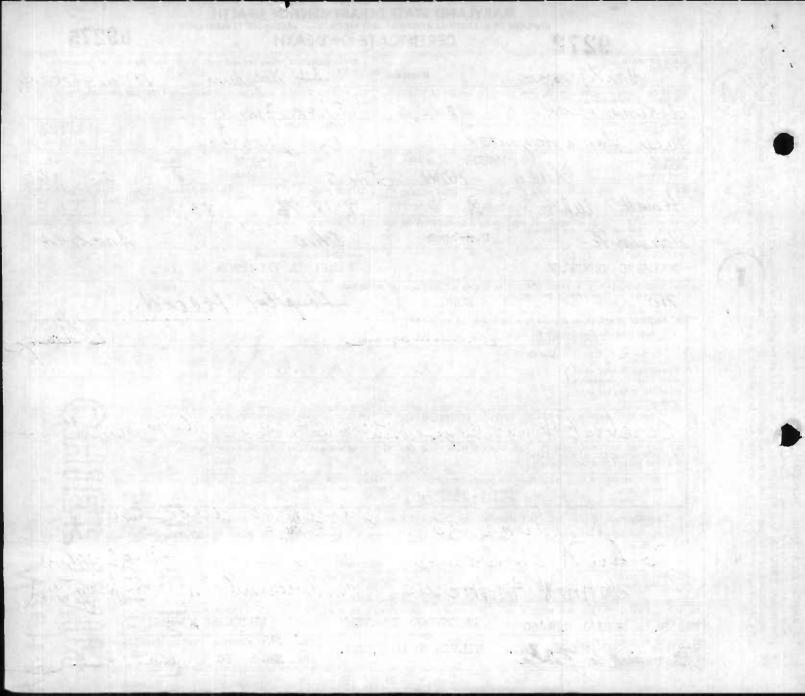
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTY Man Hanne		2. USUAL RESIDENCE (W	here deceased lived. If i	institution: Residence	hefore admission)
Marthans A		o. STATE / . 1	1 1 h CC	DUNTY	Delote Guillission)
MINOGOMERY	MARYLAND	AH0//	ARYIAND	1/101	1898mes
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	negrest town)
JAKOMA PARK	22days	ailver c	JARING.		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	4		e. IS RESIDENCE ON A FARM?
Wash. San & Hospita	7	1641 0	1,90 HUE.		YES NO
NAME OF DECEASED First MAU	DE Middle	A Last	4. DATE	Month	Day Year
(Type or print)	XYPHW Z	TARIS	OF DEATH	8	2 19 les
SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birt		EAR IF UNDER 24 HE
YEMALE / LILITE WIDOWED	DIVORCED [9-18-76	83	yrs. Months Do	ays Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEI	N OF WHAT COUNTR
during most of working life, even if retired)	wn-home	Oshio		A	ntrica
B. FATHER'S NAME	ALL STREET	14. MOTHER'S MAIDEN	NAME		
CHAIMERS SEDGWICK		VIRGINIA 7	THOMPSON		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT /		Address	
(Yes. no or unknown) (If yes, give war or dates of service)	NONE	Hospi	tal LEA	opal.	
1B. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c), 1	-	, , , , , ,	E/CCL	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Co Cop (op ond (op)				ONSET AND DEATH
IMMEDIATE CAUSE (o)	new was per				6 da
DUE TO					0
Conditions, if ony, which gove rise to immediate (b)					
couse (o), stoting the under-					
lying couse lost. (c)	ALITAIDUTING TO BEATH BUT	NOT BELLTED TO THE YER	INIAL DISCLASS CONDITION	ONL CIVEN IN BART I	V-1/10 WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CO	bage with	Couplete	our Jul	24 12-196	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO CONTRIBUTION OF CONTRIBUTION OF CONTR	RIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item	18.)	25
20c. TIME OF INJURY Month, Doy, Year 20d. INJ		CE OF INJURY (Home, for		(Cou	inty) (Sto
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. White of work	THOI WINIE	tory, street, office bldg., et	c.)		
		July Hon	60. au	1. 2 10/d	2 that (1) () In
21. I certify that (I) (this haspital) attende	1 /1	1100	R		that (I) (we) lo
saw the deceased alive an 220. STGNATURE	19(, and that d	eath accurred at	M, fram the caus	ses and an the c	22b.DATE
John M. Chiel	rews ,	M.D. PHYS.	AED. STAFF PHYS. 1	- Wigh	-1960 SIGNI
PAYSICIAN'S NAME (Type) O AM / And	/rews	9601Cola	willerd	Silver 5/	ring Mo
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City,		(Stole)
TRANS. & BURIAL 8/4/60	GREENWOOD CEM	ETERY	WHEELING W	VIRGINIA	
4. FUNERAL DIRECTOR'S SIGNATURE	SILVER SPRING	MTD 2So. REC	D BY REGISTRAR 2SI	. REGISTRAR'S SIGN	ATURE
Kaimoud a Tiska	STPARK SEKTING	DATE A	VG 5 '60	arthur & 1	K

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 my content of the hospital or attending the strained by the hospital or attending the strained by the original strained by the original property of FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in 37 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove expansion pages 1 and 2 should be filed with the State Baard of Health priar to burial, crematian, or removal, and in any event, within 2 haurs ofter death. ow requires that the death certificate be executed within 24 has sician. VR A15 (4) 1SM 9/S9



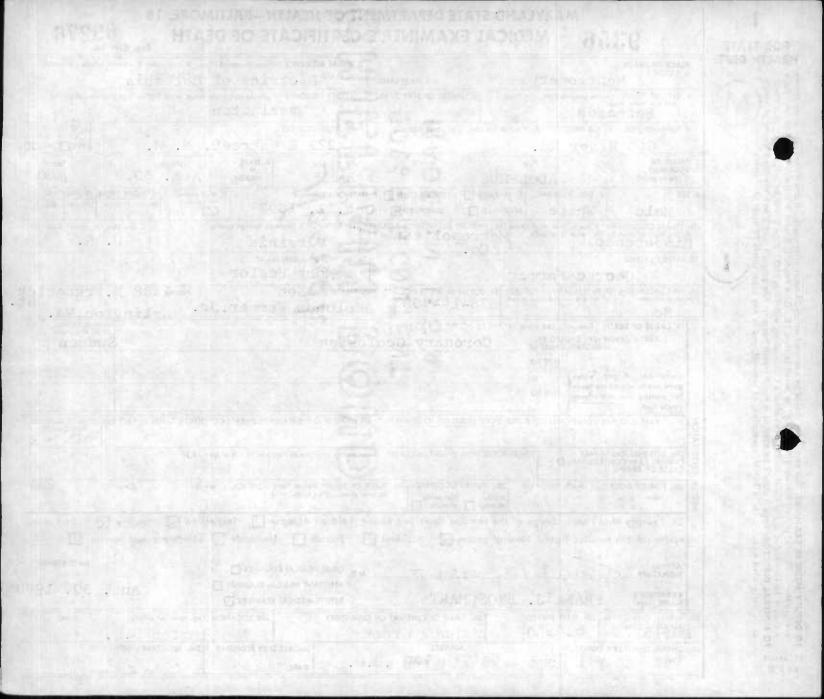
FOR STATE HEALTH DEPT.

VS A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9356

09276 Reg. Dist. No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE	OF DEATH				2. USUAL RESI	DENCE (Where deced	sed lived. If insti	lutian: Resider	nce before a	imission)	
0.00	Mo	ntgomery		MARYLAND	o. STATE Dictrict of Columbia							
b. CIT	y OR TOWN (If digive nearest town) Bethe		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Washington							
d. NA	ME OF HOSPITA	L OR INSTITUTION (If not in ho	spilol, give street oddress)	d. STREET A					e. 18	RESIDENCE	
	5060 R	iver Rd.			222	E	Stre	et. N.	W.		N A FARM?	
3. NAME	ASED	Fir		Middle	Losi		4. DATE OF	Man		Doy	Year	
	or print)		LPHU		FARMER		DEATH	Aug.			1960	
5. SEX	fale	White	WIDOWE		Oct.21,	18	97	9. AGE In years fast birthday 62 yrs	Manths C	Days Haus	Min.	
10a. USU during D1S	mast of working	N (Give kind of wark of life, even if retired)	100	kind of Business of Indus tropolitan O Co.	il Vi	ce (Slote	or foreign	country)		J. S.	AT COUNTRY?	
13. FATH	ER'S NAME				14. MOTHER'S A	MAIDEN	NAME					
1	Ger	orge Farm	er		Mar	y B	ealor					
[Yes, no. er	DECEASED EVE	R IN U. S. ARMED FO (If yes, give wor or dates of	RCES? 16.		NFORMANT Adolphu	Son is F		Yes	408 N Arling			
18. 0	PART I. DEAT	H [Enter only one county one coun	(for (o), (b), ond (c).] Coronary Occ	lusion					Sudde	DEATH	
gave	ditions, if on erise to immed	iate cause										
	stating the u	nderlying (c)								1.7		
CETTER CANON	PART II. OTH			DITRIBUTING TO DEATH BUT I	NOT RELATED TO 1	HE TERM	MINAL DISEAS	E CONDITION G	VEN IN PART		FORMED?	
	EXTERNAL CAU ARY ar CON SE OF DEATH.	SE WAS	b. DESCRIB	E HOW INJURY OCCURRED. (I	Enter nature of inju	ny in Po	rt I or Part I	of item 18.)				
AS 20c.	TIME OF INJUR Haur a.m. p.m.	Y Month, Day, Yea	White	INJURY OCCURRED 20e. PLA e Not while ork of work	CE OF INJURY (H ory, street, office I	ome, for	m. 20f. (Cit	y or town)	(Cour	nty)	(State)	
21.	I certify th	ot I taok chorge	of the	remoins described abo	ve, held an	Autap	sy 🔲 , 1	nspection 🔀	Inquiry	X. 0	and in my	
apii	apinion death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner											
	UAL NATURE	Frank Je	Bu	schart	,M.D.		XAMINER [State of the state		DAT	E SIGNED	
	MINER'S WE (Type)	FRANK J.	BRO	SCHART			EXAMINER		Aug	g. 30	, 1960	
Bull	IAL, CREMATION OVAL (Specify) CLAI	9-2-60		Rock Cree				shingto			ote)	
	RAL DIRECTOR:		- W:	ADDRESS ashington .D	0	240. REC	D BY REGIS		ISTRAR'S SIGN		70.50	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	NTGOMERY	MA	ARYLAND 2.		NCE (Where dece	b. COU		before admission) TGOMERY
RURAL and give t	(If outside carporate limits, nearest town) SPRING	, write c. LENGTH OF ST		9 1	OWN (If outside co	proporate limits, wr	ite RURAL and giv	ve nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, giv 10,133 GREEN	e street address) OCK ROAD	1	d. STREET AD	DRESS GREENOCK	ROAD		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CONTEE			Last	4. DAT		Month UGUST 8	Day Year 1960
s. sex MALE	THE THE	MARRIED NEVER MA		ATE OF BIRTH		9. AGE (In yellost birthd	,	YEAR IF UNDER 24 HR Days Hours Min.
during mast of wa	ION (Give kind of work do rking life, even if retired) Sanking	one 10b. KIND OF BUSINES	S OR INDUSTRY		CE (State or foreign			EN OF WHAT COUNTR
13. FATHER'S NAME WILLIAM F	ITZHUGH FICK	CLEN	1	4. MOTHER'S A	BELLE			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY 577-28-1345	and the same of		T. Fickl	en, 10,1	Address 33 Green	ock Rđ.
Canditians, if gave rise to cause (a), stating lying cause last PART II. O	immediate DUE TO the under- (c). THER SIGNIFICANT COND	Hemips ITIONS CONTRIBUTING TO LE CYCLO	DEATH BUT NO	T RELATED TO	traction the TERMINAL DIS	Means CONDITION	Zull N GIVEN IN PART	1952(8) 1(a) 19. WAS AUTOPS PERFORMED? YES \(\text{NO.} \text{NO.} \text{TO.} \text{NO.} \(\text{TO.} \text{TO.} \text{NO.} \(\text{TO.} \text{TO.} \text{TO.} \)
20g. ACCIDENT W		Ob. DESCRIBE NOW INJUR	OCCURRED. (E	inter nature of	injury in Parl I ar	Part II of item 1B	.)	
20c. TIME OF INJU Hour a. m. p. m.	10	20d. INJURY OCCURRED While Nat while at wark at wark		OF INJURY (H , street, office		(City or town)	(Co	ounty) (Sto
saw the deced	at (l) (this haspital) ased alive an	attended the deceas	ed fram. L	March th accurred	12 S.1.	am the cause:		2Pthat (I) (we) la date stated abov
22c. PHYSICIAN'S	lace	Jegen	M.D	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	Tur .	22b. DATE SIGN
NAME (Type)	JASON GEIGE			931 P	ERSHING			RING, MD.
BURIAL (Specific	8/11/60	ROCK CR	EEK CEMI	ETERY	WAS	HINGTON,	D.C.	(State)
24. FUNERAL DIRECTO	PUMP IREY	IC. SILVER	SPRING,	MD.	DATE AUG 1	2 '60 2Sb.	REGISTRAR'S SIGI	

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any permittinin 72 hours after death.

ofter death. Page 4

aw requires that the death certificate be executed within 24 h

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The requires that the death certificate be executed within 24 he within 2	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours effect death.
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ate be ex	ician and e carban
th certific	ding phys ise remay in 72 haur
t the dear	the attence Then plea
luires tha	gned by permit. in any e
w red	as been si al-transit aval, and
CIAN:	tificate horse the buri
G PHYSIC	r this cert far use as
TTENDIN	rok: Afte detached a burial,
AL OR A	auld be or prior t
HOSPIT,	PUNEAL DIRECTOR: After this certificate has been signed by the attending physician and camp page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs, effect death.
VS A 15M	15 (4) 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 09278 Reg. Dist. No.

				Keg.	DIST. NO.	
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WO. STATE		If institution: Resid	dence befare admi	ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	nits, write RURAL ar	nd give nearest tav	vn)
d. NAME OF HOSPITAL (If not in hospital, give street at OR INSTITUTION	ddress)	d. STREET ADDRESS	ing con			SIDENCE A FARM?
Suburban	-	4401 Chesape	ake St.		YES [NO
3. NAME OF DECEASED (Type or print) James	Middle	lost Fink	4. DATE OF DEATH	Month Aug.	Day	Year 19 60
	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGI	(In years IF UND birthdoy) Month	ER TYEAR IF UND	1
Male White WIDOWED	DIVORCED [11/24/69		90 yrs. Month	s Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during mast of warking life, even if retired)	IND OF BUSINESS OR INDU			12.0	U.S.A	COUNTRY?
Retired 13. FATHER'S NAME		14. MOTHER'S MAIDEN	ing, Pa.		U.D.A	
EPHRAIM. FI	NK	CAROL	INE	1EX	TER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give war or dates of service)	OCIAL SECURITY NO.	INFORMANT		Address		
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CO	Megine TO DEATH BUT	T NOT RELATED TO THE THE	AT DATE CONT	DITION GIVEN IN P	PERF	ORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Port I or Port II of i	tem 1B.)	113] NO []
Haur a.m. While	JURY OCCURRED 20e. PL Not while fa	ACE OF INJURY (Home, fari actory, street, affice bldg., et	m, 20f. (City or tow	n)	(County)	(Stote)
21. I certify that I attended the decease alive an 8/7/6/019	//	1954, to 2 n accurred at 6:25	1		the date state	
PHYSICIAN'S NAME (Type) William T. Joyce 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY C	O6 Maple Ride		thesda. I		ote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	V 25 24a. REC DATE AU	D BY REGISTRAR	24b. REGISTRAR'S		

HTASETTO STADISTONS (ST. EX. D.C. Service States

2s offer death. Page 4 1/2 TO HOSPITAL OR ATTENDING PHYSICIAN: To law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending pysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the physician director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

9358

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 21 FilmG269 8-22-60 et CERTIFICATE OF DEATH

09279

	0 () () ()		921(1	11107	0		•		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Montgomes	ry		MAR	YLAND	2. USUAL RESIL	Virgi	ere deceosed nia	d lived. If instituti b. COUNTY		nce befo	re admit	ision)
Bethesda	If outside corporate lim learest lawn)	its, write	c. LENGTH OF STATE	Y IN 16	c. CITY OR T		utside corpo	rote fimits, write R	URAL and	give nec	prest low	n)
d. NAME OF HOSPI OR INSTITUTION The Clinica	TAL (If not in hospital, gal Center,			d.	d. STREET A						ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fii Alf		Middl And		Flemi		4. DATE OF DEATH	Mor Aug		Do	Ľ6	Year 19 60
s. sex	6. COLOR OR RACE	7. MARR			July 2.			9. AGE (In years last birthday) 54 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION	king life, even if refired	dane 10b.	Mining	OR INDUS			or foreign co		12. C	U.S		T COUNTRY
3. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				7	
Willie FI 15. WAS DECEASED EVE (Yes. no. or unknown) NO		ervice)	SOCIAL SECURITY NO		FORMANT T		ical	Record Add Bethesd		Mar	ryla	nd
18. CAUSE OF DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	ouse per lin		-}						INTE	ERVAL B	ETWEEN D DEATH
Canditions, if a gave rise to i cause (a), stating	my, which (b	Le	ft Ventri								1 h	our
PART II. OTH PART II. OTH 20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTHEY) (c HER SIGNIFICANT CON		lcific and				NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRED	. (Enter noture of	finjury in P	ort I or Port	It of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	While	Not while of work	20e. PLA foct	CE OF INJURY (F ory, street, affice	lome, form, bldg., etc.	20f. (City	or town)		(County)		(Stote)
ACTUAL SIGNATURE	not I offended the gust 16	126	iQ, and that	t death	occurred at. The (3:32p Clinic onal	M, from DORESS (SHEET)	the causes o	and an i	he do	te stat	deceased ed above ATE SIGNED L7/60
220. SUMM PEREMANS REMOVAL (Specify) PEMOVAL	8/17/60	F	22c. NAME OF CEN Highlaw		CREMATORY		22d. LOCAT	ION (City, town, o	,,	a.	(Sto	le)
The S.H.	s signature Hines Co.	290	ADDRESS	Wash	.wD.C.	24a. REC'D	BY REGISTI	RAR 24b. REGIS	STRAR'S SI			

VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

9359 CERTIFICATE OF DEATH

09280

			keg. D	713T. 140.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When a STATE Maryland	b. COUNTY Prince	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 15 3 days	c. CITY OR TOWN (If out	side corporote limits, write KUKAL ond	give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION The Clinical Center, Beth		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		3205 Queens		YES NO
3. NAME OF DECEASED (Type or print) Henry	Middle Collins	Fox, Jr.	OF DEATH August	Day Yeor 19 19 60
5. SEX 6. COLOR OR RACE 7. MAR Male White WIDOW	RRIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH February 28.		R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU			ITIZEN OF WHAT COUNTRY
Child	None	Washingto	n, D.C.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Henry C. Fox, Sr.		Laurelle C.		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT The Medi	cal Record Address	
No			ter, Bethesda 14,	Maryland
18. CAUSE OF DEATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Brain Hemorrhag			ONSET AND DEATH
	orarii nemorrinag	8		2 days
Conditions, if ony, which) (b)	cute Lymphatic	Leukemia		2 weeks
gove rise to immediate	10400 - Vinpilatizo	20411011214		2 1100110
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES 24 NO
200. ACCIDENT WAS UNDERLYING A 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Por	t I ar Part II af item 18.)	
Hour a.m. While		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decea				
alive on August 19 , 190	$2\underline{\vee}_{}$, and that death		M, from the causes and on t	
SIGNATURE R. E. BRESERB	and	M.D. The Clinic	al Center	8-20-60
PHYSICIAN'S NAME (Type) RICHARD E. RIES		National I	nstitutes of Heal u, Maryland	th
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/24/60	22c. NAME OF CEMETERY O		Arlington Va.	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR'S SI	GNATURE
F Gasch's Sons Hyatts	ville, Md.			3. Knowed

VS A15 (4) 15M 10/57

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

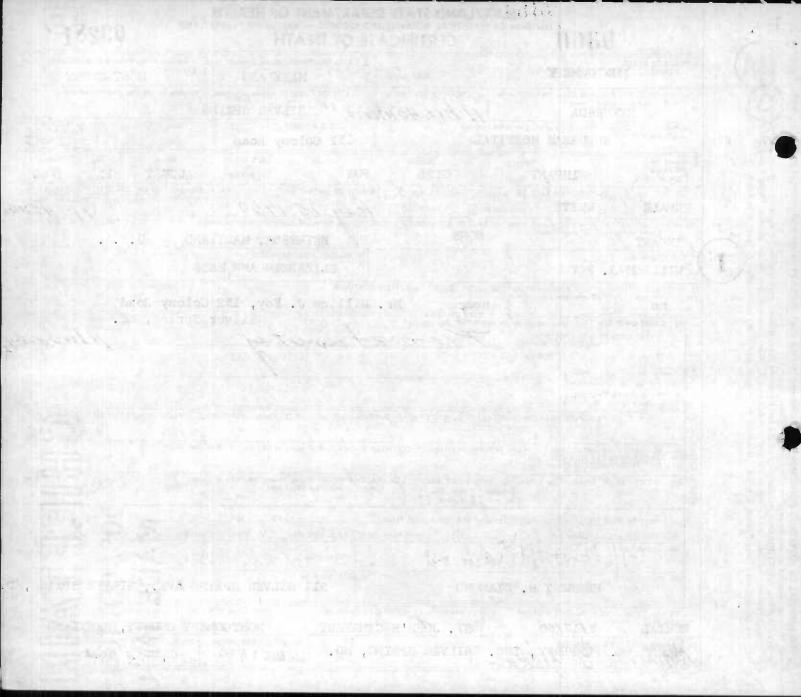
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		9360		CERTIFIC	ATE OF DE	ATH		09	281
	PLACE OF DEATH	NTGOMERY		MARYLANE	o. STATE	NCE (Where decease MARYLAND	ed lived. If institution: b. COUNTY	Residence before MONT GO	
	RURAL ond give ne	f outside corporate lime earest town) HESDA	nits, write	c. LENGTH OF STAY IN 18	11	WN (If outside corp	orote limits, write RURA RING	AL ond give ne	orest town)
		AL (If not in hospitol, SUBURBAN H			152 Co	lony Road			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	INFANT	rst	Middle GIRL	FOY	4. DATE OF DEATH		15	19 60
1	SEX FEMALE	6. COLOR OR RACE WHITE	WIDOWE		Aug. 1:	5, 1960	lost birthdoy) yrs.	UNDER 1 YEAR	Hours Min.
100	o. USUAL OCCUPATION during most of work INFANT	ON (Give kind of work king life, even if retired		NONE	BET	HESDA, MA	Country Country	U.S.A.	FWfiat COUNTRY?
3.	WILLIAM J	. FOY			14. MOTHER'S M	ABETH ANN	MESS		
15. (Ye	. WAS DECEASED EVE es, no, or unknown)	R IN U. S. ARMED FO	service)		. William	J. Foy, 1	Address 52 Colony I		
ATION	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE To	b) O	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO T	HE TERMINAL DISEA	se condition given	I IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO NO
MEDICAL CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, You	ear 20d. IN While	RIBE HOW INJURY OCCUI	PLACE OF INJURY (He foctory, street, office b	ome, form, 20f. (Ci		(County	Tend band
	21. I certify the saw the decea 220. SIGNATURE	sed alive an	Da	innel		MED. DIRECTOR	STAFF PHYS.	on the dat	e stated above. 22b. DATE SIGNED
23	IO. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	HERBERT H ON, 23b. DATE THERE 8/17/60		23c. NAME OF CEMETER	CEMETERY	23d. LOC	PRING AVE. ATION (City, town, or or GOMERY COUN STRAR 25b, REGISTR	county)	(Stote) RYLAND

Then please remove corban popers. Pages 1 and 2 sha TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs ofter death. w requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59

director,

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may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN

VR A1S (4) 1SM 9/59

9250

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09282

ĺ	1. PLACE OF DEATH a. COUNTY MON	TGOMERY	MARYLAND		RYLAND	b. COUNTY	MONTGOM	re odmission) ERY
	b. CITY OR TOWN (If outs RURAL ond give neorest SILVER	town)	c. LENGTH OF STAY IN 16 since 11/21/59	No. Proc.	OWN (If outside corpo		URAL ond give nec	arest tawn)
1	d. NAME OF HOSPITAL (II OR INSTITUTION ALTHEA	not in haspital, give stree -WOODLAND NU		d. STREET AND 814 RO	WEN ROAD			e. IS RESIDENCE ON A FARM? YES NO
-0	3. NAME OF DECEASED	First	Middle	Last	OF	Man		,
Н	(Type or print)	EMMA	ARTH	FRECH	DEATH	AU		1960
	S. SEX 6. 6		RRIED NEVER MARRIED DIVORCED DIVORCED	10/2/78		9. AGE (In years last birthdoy) 81 yrs.	Months Days	Haurs Min.
H		***************************************	b. KIND OF BUSINESS OR INDU		ACF (State or foreign o	0.2	12. CITIZEN OF	WHAT COUNTRY?
-	during most of working I HOMEMAKER	ife, even if retired)	OWN HOME		ington, D.	-	U.S.	
1	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
1	Christopher A	rth		Katheri	ine Adam			
	15. WAS DECEASED EVER IN			NFORMANT	FIRST CO.	Add		
	no		NONE Mr	s. Marie	F. Hopkins			
1	Conditions, if any, gave rise to imme couse (o), stating the ying couse last.	DUE TO which diate (b) DUE TO Conder- (c) (c)	Ine for (a) (b) and (c).] HONO HONO S CONTRIBUTING TO DEATH BUT	hops mas not related to	eleros	nea	est.	BLAND DEATH BLAND
)		AUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature o	f injury in Part I or Por	t 11 of item 18.)		
	20c. TIME OF INJURY A Hour o. m. p. m.	Whi	for the state of t	ACE OF INJURY (I	Home, form, bldg., etc.)	y or town)	(County)	(State)
	21. I certify that (I) saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S NAME (Typ)	# h .	at 1719 6.0 and that a	death occurred M.D. ATTENDING PHYS. 22d. ADDRA	at/1.3M, From			not (I) (we) lost e stated obave. 22b. DATE SIGNED
	23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT	8/20/60	CEDAR HILL CI				COUNTY, M	
	24 EUNERAL DIRECTOR'S SIGNATURE PURCHASINER E PU	MAHREY INC.	SILVER SPRING	G, MD.	250. REC'D BY REGIS		ISTRAR'S SIGNATU	

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	ond maken Transfer			
		TATEL SEVERAL SALES	•	

092839361 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with Page PLACE OF DEATH 2. USUAL-RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY MARYLAND the funeral should be fi ofter death. b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL on give nearest fown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? · CV omenia YES NO D pup 3. NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED K DIVORCED T papers. yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of warking life, even if retired) sewy puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17. INFORMANT Address 72 attending within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN à ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** by any Conditions, if any, which signed gove rise to immediate peri **DUE TO** couse (o), stoting the underpuo lying couse last. burial-transit (c) been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED YES 🗍 NO C 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) the certifica 50 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while 19 of work of work p. m 21. I certify that I attended the deceased fram. to Class 1960 that I last saw the deceased detoched and that death accurred at 2.25 AM, from the causes and an the date stated above. FUNERAL DIRECTOR: oge 3 should be detacl ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE Wheaton Md prior PHYSICIAN'S Wheaton Md. Harry J Kichen NAME (Type) he regi 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR PREMATORY 22d. LOCATION/City, town, or county) (Stote) pode EMOVAL (Specify) will 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATE AUG 1 6 '60 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

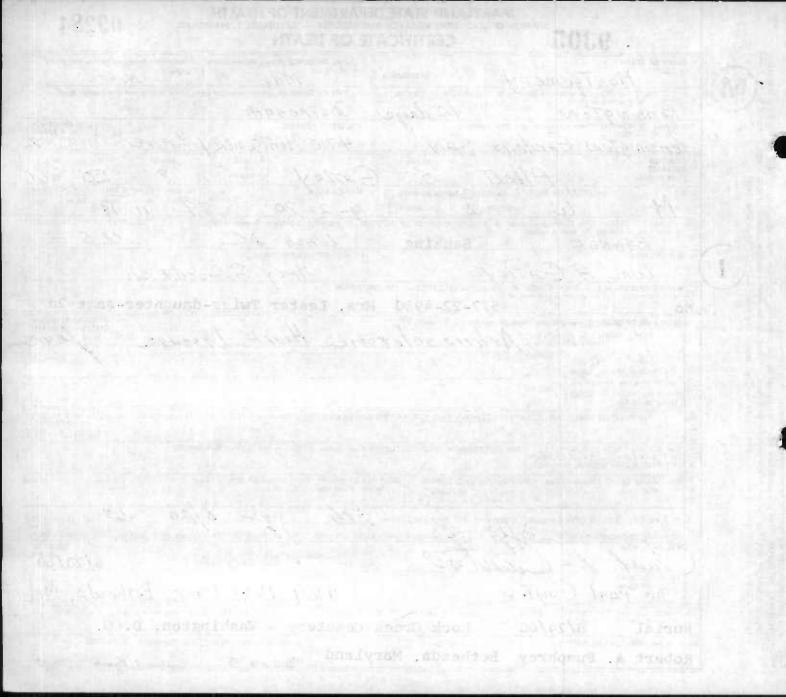
09284

	1. PLACE	OF DEATH				2. USUAL RESIDENCE (W	here deceased lived. I	f institution: Residen	nce before admission)
	a. COL	MO,	NT90 me	RY	MARYLAND	a. STATE Ma		COUNTY	nt.
	b. CITY	OR TOWN (If	autside carporate lin	nits, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote limit	, write RURAL and	give nearest tawn)
	1	n5/N9	- Carrier Contract Co		12 days	Bethes	dA	+	45
I	d. NAA	NE OF HOSPITA	AL (If nat in haspital,	give street addre	255)	d. STREET ADDRESS		,	e. IS RESIDENCE ON A FARM?
l	Ken	SINGTO	N GARO	lens "	SAN	4710 Ho	1190 MERV	LANC	YES NO
ľ	3. NAME		F	irst ,	Middle	Last	4. DATE	Manth	Day Year
	(Type o		A	IberT.	5.	GATLEY	OF DEATH	8	20 1960
	S. SEX	,	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	In years IF UNDER	TYEAR IF UNDER 24 HRS
	1		W	WIDOWED 1	DIVORCED [9-2-70	80	yrs. Manths	Days Hours Min.
Ì	10a. USUA	LOCCUPATIO	N (Give kind af wark ing life, even if retire	dane 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CIT	IZEN OF WHAT COUNTRY
1	dorini	BANI			Banking	WASh.	DC.		U.S.A.
į	13. FATHE				241111	14. MOTHER'S MAIDEN	NAME		
Į		Wm.	A. GA	Tley		MAR	Y G CO	adpich	
1			IN U. S. ARMED FO	RCES? 16. SOCI	AL SECURITY NO. 17. II	NFORMANT	, 0, 00	Address	
	No. or	inknown) (If yes, give war ar dates of	577	-22-4950	Mrs. Lester	r Twigg-d	aughter-	-same 2d
1		AUSE OF DEA	TH [Enter anly one of			11			INTERVAL BETWEEN
			TH WAS CAUSED BY:	1.1	./	ofic. Hea	16 Tre	ease	ONSET AND DEATH
	- 6	0 65	IMMEDIATE CAUSE (2	10 30/20	of conten	1 1/13	6456	1900
	Con	ditions, if an	0.0						-
			nmediate	(b)					
		1136 10 11		()					
		(a), stating t	he under- DUE T	0					
	lying	(a), stating to	ne <u>under-</u>	(c)	PIRITING TO DEATH RIL	T NOT BELATED TO THE TERA	INIAI DISEASE CONDI	TION GIVEN IN PAR	TION WAS ALITOPSY
	lying	(a), stating to	ne <u>under-</u>	(c)	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NNAL DISEASE CONDI	TION GIVEN IN PAR	PERFORMED?
	lying	e (a), stating to couse last. PART II. OTH	ER SIGNIFICANT CO	(e) NDITIONS <u>CONT</u>					RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	lying	PART II. OTH	ER SIGNIFICANT CO	(c)		T NOT RELATED TO THE TERM			PERFORMED?
	CERTIFICATION ON CO.	PART II. OTH CCIDENT WADNTRIBUTING HER, NOTIFY	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	(c)	HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II of ite	m 18.)	PERFORMED? YES NO
	CERTIFICATION ON CO.	PART II. OTH	ER SIGNIFICANT CO S UNDERLYING C CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Y	c) NDITIONS CONT 20b. DESCRIBE ear 20d. INJUR	HOW INJURY OCCURRE		Part I ar Part II af ite	m 18.)	PERFORMED?
	Lying NO LY CERTIFICATION OF CO. T. C	PART II. OTH CCIDENT WADNTRIBUTING HER, NOTIFY	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	(c)	HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I ar Part II af ite	m 18.)	PERFORMED? YES NO
	WEDICAL CRATIFICATION AMEDICAL CRATIFICATION OR CO. (IF EIT 20c. TI	PART II. OTH CCIDENT WA CCIDENT WA CONTRIBUTING HER, NOTIFY ME OF INJURY Hour a. m. p. m.	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Y	ear 20d. INJUR While at wark	HOW INJURY OCCURRE Y OCCURRED 20e, PI Not while 20e, PI	ED. (Enter nature of injury in LACE OF INJURY (Hame, far actory, street, affice bldg., et	Part I ar Part II af ite	m 1B.)	PERFORMED? YES NO County) (State
	WEDICAL CERTIFICATION OR CO. LI	PART II. OTH CCIDENT WA DATRIBUTING HER, NOTIFY DATRIBUTING HER, NOTIFY DATRIBUTING DE OF INJURY HOUR A. m. P. m.	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Y 19	ear 20d. INJUR While at wark	HOW INJURY OCCURRED Y OCCURRED Not while of work the deceased fram.	ED. (Enter nature of injury in LACE OF INJURY (Hame, for actory, street, affice bldg., et	Part I ar Part II af ite	m 18.)	PERFORMED? YES NO Caunty) (State
	WEDICAL CERTIFICATION ACTION	PART II. OTH CCIDENT WA DATRIBUTING HER, NOTIFY DATRIBUTING HER, NOTIFY DATRIBUTING DE OF INJURY HOUR A. m. P. m.	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Y	ear 20d. INJUR While at wark	HOW INJURY OCCURRED Y OCCURRED Nat while at wark	ED. (Enter nature of injury in LACE OF INJURY (Hame, for actory, street, affice bldg., et	Part I ar Part II af ite	m 18.)	PERFORMED? YES NO Caunty) (State
	WEDICAL CERTIFICATION ACTION	PART II. OTH CCIDENT WA DNTRIBUTING HER, NOTIFY ME OF INJURY Hour a. m. p. m. certify that	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Y 19	ear 20d. INJUR While at wark	HOW INJURY OCCURRED Y OCCURRED Not while of work the deceased fram.	LACE OF INJURY (Hame, for actory, street, affice bldg., et death accurred at	Part I ar Part II af ite	20 , 19 Guses and an the	PERFORMED? YES NO Caunty) (State
	19 19 19 19 19 19 19 19	PART II. OTH CCIDENT WA DNTRIBUTING HER, NOTIFY ME OF INJURY Hour a. m. p. m. certify that the decease Ighlatore HYSICIAN'S	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Y 19	ear 20d. INJUR While at wark	HOW INJURY OCCURRED Y OCCURRED Not while of work the deceased fram.	LACE OF INJURY (Hame, for actory, street, affice bldg., et death accurred at	Part I ar Part II of ite m, 20f. (City or tawn) 242, 1a 8 M, fram the ca	20 , 19 Guses and an the	PERFORMED? YES NO Caunty) (State
	19 19 19 19 19 19 19 19	PART II. OTH CCIDENT WA ONTRIBUTING HER, NOTIFY Hour a. m. p. m. certify that	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Y 19 ((I) (this haspite ed alive an	ear 20d. INJUR While at wark at a stendard to the standard to	HOW INJURY OCCURRED Y OCCURRED Not while of work the deceased fram.	ED. (Enter nature of injury in LACE OF INJURY (Hame, for actory, street, affice bldg., et death accurred at ATTENDING ATTENDING ATTENDING PHYS.	Part I ar Part II af ite m, 20f. (City ar tawn) c.)	20 , 19 (uses and an the	PERFORMED? YES NO Caunty) (State
	19 19 19 19 19 19 19 19	PART II. OTH CCIDENT WA DNTRIBUTING HER, NOTIFY ME OF INJURY Hour a. m. p. m. certify that the decease Ighlatore HYSICIAN'S	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER (Manth, Doy, Y 19 (I) (this haspite ed alive an Cause (AN)	ear 20d. INJUR While at wark 1	Y OCCURRED Not while of wark the deceased fram 19.20, and that	LACE OF INJURY (Home, for actory, street, office bldg., et death accurred at ATTENDING PHYS.	Part I ar Part II af ite m, 20f. (City ar tawn) M, fram the ca AED. STAFF MONT, LA	20, 19 Couses and an the	PERFORMED? YES NO Caunty) Caunty) Caunty) (State labove 22b. DATE 8/20/60 Caunty)
	19ing 20a	PART II. OTH CCIDENT WA DATRIBUTING HER, NOTIFY HOUR A. M. P. M. Certify that HYSICIAN'S AME (Type) AL, CREMATION LOCAL COMMENTS CO	ER SIGNIFICANT CO S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER (Manth, Doy, Y 19 (I) (this haspite ed alive an Cause (AN)	ear 20d. INJUR While at wark Described to R	Y OCCURRED Not while at wark the deceased fram 19.20, and that the deceased fram	LACE OF INJURY (Home, for actory, street, office bldg., et death accurred at ATTENDING PHYS.	Part I ar Part II af ite m, 20f. (City ar tawn) 20f. (City ar tawn) M, fram the ca AED. STAFF PHYS. MONT, LA 23d. LOCATION (Cit	20, 19 Couses and an the	PERFORMED? YES NO Caunty) (State

er death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN:
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TO FUNERAL DIRECTOR: After this certificate

VR A1S (4) 1SM 9/59



09285

	9362	CERTIFICA	TE OF DEATH	4 60 0+	110201
1. PLACE OF DEATH a. COUNTY MON		MARYLAND	o. STATE	Where deceased lived. If inst b. COUI cict of Columb	
RURAL ond give	N (If outside corporate limits, we e nearest tawn) 1esda	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	1171	ite RURAL and give nearest tawn)
OR INSTITUTIO	SPITAL (If not in hospital, give stone Clinical Cente	reet address)	d. STREET ADDRESS	ant Street. N	e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print)	Pelores	Middle (none)	Gibbs	4. DATE OF	Month Day Year
5. SEX Fem ale	4.0	MARRIED NEVER MARRIED TO OWED DIVORCED	B. DATE OF BIRTH October 23	9. AGE (In ye lost birthdo 25	yrs. Months Days Hours Min.
100. USUAL OCCUP.	ATION (Give kind of wark dane posking life, even, if retired)	None Sitter		gton, D. C.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		31
Alonzo (Pearl Nor		
15. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. Unavailable		Bethesda 14,	Address The Clinical Maryland
	DUE TO	enal insufficien			INTERVAL BETWEEN
Conditions, i gove rise to cause (o), stati lying cause lo	immediate DUE TO	iabetic glomerul Diabetes mellitus			5 years
PART II.				MINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTE	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	n Part I or Part II of item 18.	.)
20c. TIME OF IN Hour a. p.	m. 10 V		LACE OF INJURY (Hame, fa- octory, street, office bldg., e		(County) (State
21. I certify saw the dec 220. SIGNATUR	eased alive an Augus	tended the deceased fram. t. 31,19,60, and that	death accurred at 10	:05 Mm the causes	19_60 that (\(\frac{1}{2}\) (we) lass and on the date stated about 22b. DATE SIGNET
	Ina 1	osten	M.D. PHYS.	MED. STAFF PHYS. TA	8/31/60
22c. PHYSICIAN NAME (Typ		an, M.D.		he Clinical C hesda 14. Mar	
23a. BURIAL, CREMA	TION, 736. DATE THEREOF 9/5/60	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, to Beltsville	wn, or county) (State)
24 FUNERAL DIRECT	OR'S SIGNATURE T. P.L.	ADDRESS 301-150	25a. REI		REGISTRAR'S SIGNATURE
V	W	Filmator D.C	~,		

the attending physician and completely filled in 57 the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with may be retained by the haspital or attending the signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. aw requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09286

	9363	CERTIFICA	ATE OF DEATH	1	11320)
o. COUNTY	ntaomer	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institute b. COUNT		derission)
b. CITY OR TOWN (If a RURAL and give not	outside opporate limits, write Outside opporate limits, write	3 Caus	c. CITY OR TOWN (III	outside corporote lights, write		fown)
d. NAME OF HOSPITAL	1. /	address)	d. STREET ADDRESS	Bradley	11/	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Mamie	2 Corellis	Ei//155	OF DEATH	onth Day	Year 19 <i>60</i>
female	White WIDOW		Oct. 2/-	188/ lost birthday	К.	ours Min.
Sales	Give kind of work done 10b.	STUATE	Co. Mar	4 land	12. CITIZEN OF W	AT COUNTRY
3. FATHER'S NAME	er Jela	shmett	Jara	h Davi	5	
	IN U. S. ARMED FORCES? 16. 2.	50 CIAL SECURITY NO. 17	Mamie	Alberta	Til and	eliting
PART I. DEATH	H [Enter only one couse per line was CAUSED 8Y: MMEDIATE CAUSE (o) DUE TO	Acute m	yocardia	I infarcti	Zh INTERV	AND DEATH
Conditions, if ony gove rise to impose (a), stating the lying couse lost.	which (b) A)	rtenrsclere	to hyperten	sive Cardioves	c. Ch. Rase / C	YRS
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING II (If EITHER, NOTIFY M	artende		UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION C		WAS AUTOPSY PERFORMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port I or Port II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Not while k ot work	PLACE OF INJURY (Home, fo foctory, street, office bldg., e	rm, 20f. (City or town)	(County)	(Stote
21. I certify that	(1) (this hospital) attended olive on 8-2:	2	ash.	960, to 8-23 57.M, from the couses		
	Eghen W.	Dejter	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	8-24-	6 C SIGNE
22c. PHYSICIAN'S NAME (Type)	STEPHEN L	O. DE TER,	M.D. 6719 W.	LSON LAWE,	BETHEO	A 14,0
BIFTAL	8/26/60	23c. NAME OF CEMETERY Oak Grove		23d. LOCATION (City, town		(Stote) nd
ROBERTUAN	SIGNATURE A PURPLE VILLE	oddress ethesda, Ma	Lucy Compa	- 100	GISTRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death.

efter death. Page 4

w requires that the death certificate be executed within 24 ha

VR A1S (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN:

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DING PI	haspital	After thi	ed for t
ATTEN	by the	CTOR:	e detach
TO HOSPITAL OR ATTENDING PI	may be retained by the haspital	TO FUNERAL DIRECTOR: After thi	page 3 shauld be detached far
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MARYLAND STATE DEPARTMENT OF HEALTH

9364 CERTIFICATE OF DEATH

09287

1. PLACE OF DEATH o. COUNTY MONTGOMER	v	MARYL	o STA	TE .		b. COUNTY		nce before	admissio	on)
b. CITY OR TOWN (If out: RURAL ond give nearest	N 1b c. CIT	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION MONTGOMERY GENERAL HOSPITA			d. STE	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First HARRY	Middle	GLOYE	Last	4. DATE OF DEATH	Mon		Day		960
	COLOR OR RACE 7. MA	AUGUSTA ARRIED NEVER MARRIED WED DIVORCED	B. DATE OF			9. AGE (tn years lost birthdoy) 74 yrs.	IF UNDER	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Control of Maring most of working In FARMER 13. FATHER'S NAME ALEXANDER	Give kind of work done 10 fife, even if retired)		INDUSTRY 11. BI		ND I NAME		12. CIT	S	A.	DUNTRY?
15. WAS DECEASED EVER IN		6. SOCIAL SECURITY NO.	17, INFORMANT	NNIE CE	remen 12	Add	ress			
Conditions, if ony, or gove rise to imme couse (o), stoling the ying couse lost. PART II. OTHER S OR CONTRIBUTING (IF EITHER, NOTIFY MED	diote DUE TO (c) GNIFICANT CONDITION IDERLYING 120b. D	S CONTRIBUTING TO DEAD DIABETES MELI ESCRIBE HOW INJURY OF	LITUS 1	YEAR			'EN IN PAI	RT 1(o) 19	PERFOR	NO X
O (IF EITHER, NOTIFY MED) Oc. TIME OF INJURY A Hour a. m. p. m.	Nonth, Doy, Year 20d		20e. PLACE OF IN. foctory, street	URY (Home, for office bldg., e		or town)	(County)		(Stote)
saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S	alive an 7-	nded the deceased for the second seco	M.D. ATTE PHYS 22d.	nding	MED. DIRECTOR DERSBURG	STAFF PHYS.	d an th		stated	
23a. BURIAL, CREMATION, 2 REMOVAL (Specify)	8-3-60	23c. NAME OF CEME	TORY OR CREMATO	DRY	Jack	LON Wity, town,	or county)	al.	(Stote	200
24. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS :	1/11/	25o. RE	C'D BY REGIST			GNATUR		

THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR The state of the s THROTOTA DAINGTAN LANGUAGE

9365

CERTIFICATE OF DEATH

19288 Reg. Dist. No.

b. CITY OR TOWN	PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY						
RURAL and give WHEA	(If outside corporate limits nearest town)	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) WHEATON							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1811 ARCOLA AVENUE			d. STREET ADDRESS 1811 ARCOLA AVENUE			e. IS RESIDENCE ON A FARM YES NO [
NAME OF DECEASED (Type or print)	NORM.		Middle	GODA	4. DATE OF DEATH	AUGU		Year 196			
MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH AUG. 12, 18		9. AGE (In years lost birthday) 4 yrs.	Months Days	IF UNDER 24 Hours N			
during most of w	rarking life, even if retired	done 10b. I	CIND OF BUSINESS OR IND	POLAND	te or foreign co	ountry)	12. CITIZEN OF				
3. FATHER'S NAME				14. MOTHER'S MAIDEN							
HERBERT	GODA			HANNAH FRA	NK		56 B				
	VER IN U. S. ARMED FOR	CES? 16. S		INFORMANT		Adde					
NO	(if yes, give war or dates of s		3-46-7987 H	ERBERT L. GOD	A, 3210	PAULINE	DR., CH.	CH., MD.			
couse (o), stotir lying cause los	st. (c	ase	DITRIBUTING TO DEATH BE	Mreurey I NOT RELATED TO THE TER	- due	to artic	EN IN PART 1(0) 1	9. WAS AUTO			
OR CONTRIBUTING	WAS UNDERLYING DIEST CONTROL OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I or Port	II af item 18.)		YES NO			
20c. TIME OF INJ Hour a. m	10	20d. IN While of work	_ Not while _	PLACE OF INJURY (Home, fa factory, street, office bldg., e	rm, 20f. (City	ar town)	(County)	(5			
	that I attended the	decease	d from aung	19.60, ta	4	17,1960	Shat I last sav	v the dece			
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Sauffor Sauf	19	wew Hoffin	th occurred at 10		the causes an	d on the date stote) MM L				

may be retained by the hospital or attending position.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attended propers. Pages 1 and 2 should be filled with efter death. Page 4 requires that the death certificate be executed within 24 hay page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: T

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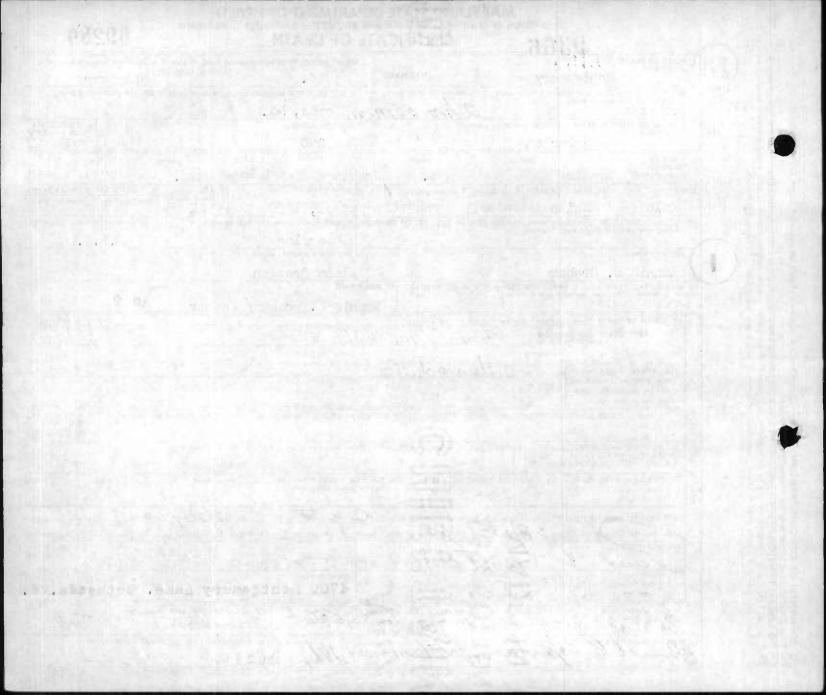
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00020

1	9366	CERTIFICA	IE OF DEATH			10%	0:1	
). PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	COUNTY	nstitution: Residence before admission) DUNTY Montgomery				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		, write RURAL and	give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Suburban	oddress)	d. STREET ADDRESS Box 270	1			e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF First DECEASED (Type or print) Rennis	Middle E. (lraham	4. DATE OF DEATH AL	Month	22	.,	Year 19 60
	5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	RRIED NEVER MARRIED M	B. DATE OF BIRTH May 31, 1958		In years IF UNDE rthdoy) Months yrs.	R 1 YEA	Hours	Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland		12.CI	U.S.	A.	OUNTRY?
	Rennis E. Graham		14. MOTHER'S MAIDEN N					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service)		NFORMANT Rennis E. Grah	am/ Father	Address AS	2		
	PART I. DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Fatal hemo Hemophilia	on ha ge	NIAL DISEASE CONDITION	TION GIVEN IN PA			eurs
	CATIC	SCRIBE HOW INJURY OCCURRE					PERFO YES	NO [
	Hour o. m. While	f.	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.			(County)	(Stote)
	21. I certify that (I) (this hospital) attention the deceased alive an. 8,22		Button 19 death occurred at	M, from the car			e stoted	we) last above.
	22c. PHYSICIAN'S NAME (Type) D. Cant	ntov	M.D. ATTENDING ME DI 22d. ADDRESS 4709 M • n	RECTOR PHYS.		eth		SIGNED
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 8-25-60	230-NAME OF CEMETERY Comments	OR CREMATORY Ballist	23d. LOCATION (CIP Lormant	ome	28	mo (State	27
	24. EUNERAL DIRECTOR'S SIGNATURE Partie	r Jaithurs 6	a Will	D BY REGISTRAR 2	5b. REGISTRAR'S S	. 11		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ofter death. Page 4 aw requires that the death certificate be executed within 24 hysician. TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59



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U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

(Stote)

22b. DATE SIGNED

(State)

Doys

(County)

arthur S. Krous

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

1960

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda (Rural d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION U.S. Naval Hospital 9209 Cedercrest NAME OF First Middle 4. DATE Last Manth DECEASED DEATH (Type or print) Marie Adelaide HAMILTON August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months DIVORCED Caucasian WIDOWED 64 Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Housewife Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GALLASSERO Unknown Charles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Navy Records No Unknown CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) factory, street, office bldg., etc.) While Not while ot work at work 19 60 to 8-10 21. I certify that (I) (this haspital) attended the deceased fram. 7-14-160 , that (1) (we) last 1960 , and that death accurred at 11:55 Pam the causes and an the date stated above saw the deceased alive an 8-10-22a. SIGNATURE STAFF PHYS. 8-11-60 M.D. PHYS. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U.S. Naval Hospital, Bethesda, M. LT. MC. USN CALDWELL, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Ottumwa, Iowa -13-60Catholic Buria. FUNERAL DIRECTOR'S SACKIATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR

Wisc. Ave., Bethesda, Md.

DATE AUG 1 5 '60

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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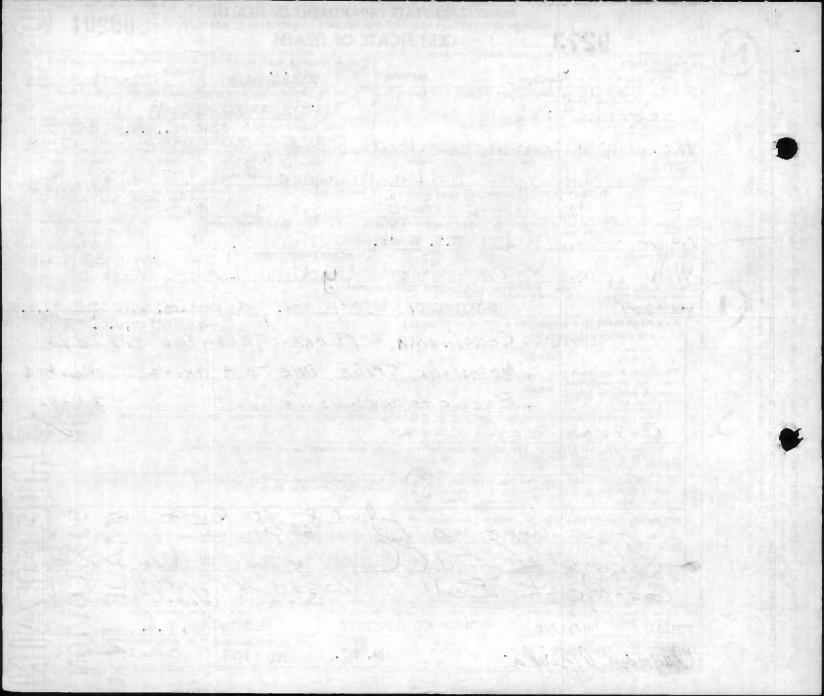
after death. Page 4

death certificate be executed within 24 ha

attending physician and campletely filled in by the funeral director, or please remove carbon papers. Pages 1 and 2 shauld be filed with in any event, within 72 hours after death. the State Board of Health prior

I Inc		the	Then	-
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Julies	Ţ	igned	page 3 should be detached for use as the burial-transit permit. Then	the Carry of the life and a facility of the formal and an analysis of the facility of the faci
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0	may be retained by the haspital ar attending sician.	10 F	bd	2 4
/R	3> may be retained by the haspital ar attending sician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the	(4)	

	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESID	DENCE (Where deceased live	d. If institution: Resident b. COUNTY	ce before admission)
Н	HIGHER	1 0	CALUCANIDOXAXI	(XXXX	SC DALKS WAR SON YOU
	b. CITY OR TOWN (If outside corporate limits, Write RURAL and give nearest town)	ZXXX	OWN (If outside corporate)	MILES WITH KURAL ONG E	ASHINGTON 72
	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET A	DDRESS 6640 321	nd St. N.W.	e. IS RESIDENCE
1	Vaso 00 00 00 asimontes	XXXXX	- Language of the second	XXXHDEXX	YES NO
	3. NAME OF First Middle	Las	4. DATE	Month	Day Yeor
	DECEASED (Type or print)'		OF DEATH	9 -	8 1960
	5. SEX 6. COLOR OR RACE . MARRIED . NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UNDER st birthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	WIDOWED DIVORCED	2-13	3-79	Y/ yrs.	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	TRY 11. BIRTHPL	ACE (State ar foreign country	12. CITI	ZEN OF WHAT COUNTRY
ı	Colifed COUCIDIVARIA U.S. Gov't.		lawton	K	(0)
d	13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	1 (0/0+10	~ 3000 ST
ı	William B. Harvercutter	LUC	dia La	Ke Via	h. DC
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT .		Address	
	(If yes, give war or dates of service) NONE	XXXXXXX	Mrs. Doris Ma	sters, 6640	32nd St., N
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	, - 0 9	Ţ	Vashington.	INTERVAL BETWEEN
à	PART I. DEATH WAS CAUSED BY: CARCINOMA, A	EFTR	REAST, PESE		7 3 VRS
	DUE TO	, , ,			1
	Conditions, if ony, which) THETASTASIS, SP	lies i	DUETOA	ADONE	MONTHS
	gave rise to immediate	122,	1011	610002	110/4/11
	lying cause lost.	Eller	414		2 DAVE.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT			NDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY
	Eerebro-salarosis				PERFORMED?
	ZOO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUS	D. (Enter noture a	f injury in Port I or Port II of	item 18.)	
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY	Hame, farm, 20f. (City or to	own) (C	County) (State
	Hour o. m. While Not while fac	tory, street, affice			
	21. I certify that (I) (this haspital) attended the deceased from	frank d	160 to A	ASP (196	that (I) (we) last
		eath accurred	1 10 (1) may		date stated above
	220. SIGNATURE	ledit decorre	Para I I I I I I I I I I I I I I I I I I	edoses and an me	22b. DATE
	Henrico L. Dall	M.D. PHYS.	MED. ST	AFF Dau	CA CONSTRUCTION
	22c. PHYSICIAN'S	22d. ADDR			15
	MATHE (Type) GO & Ball	100	30-0-cm	Jage Gl	Dr. St.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION	(City, town, ar county)	(Stote)
	BURIAL (Specify) 8/11/60 GLENWOOD CEME	TERY	WASHINGT	ON, D.C.	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	3.570	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	
	Kaimoud a Jiska SILVER SPRING	, MD.	DATEAUG 1 2 '60	anilus S.	Thomas



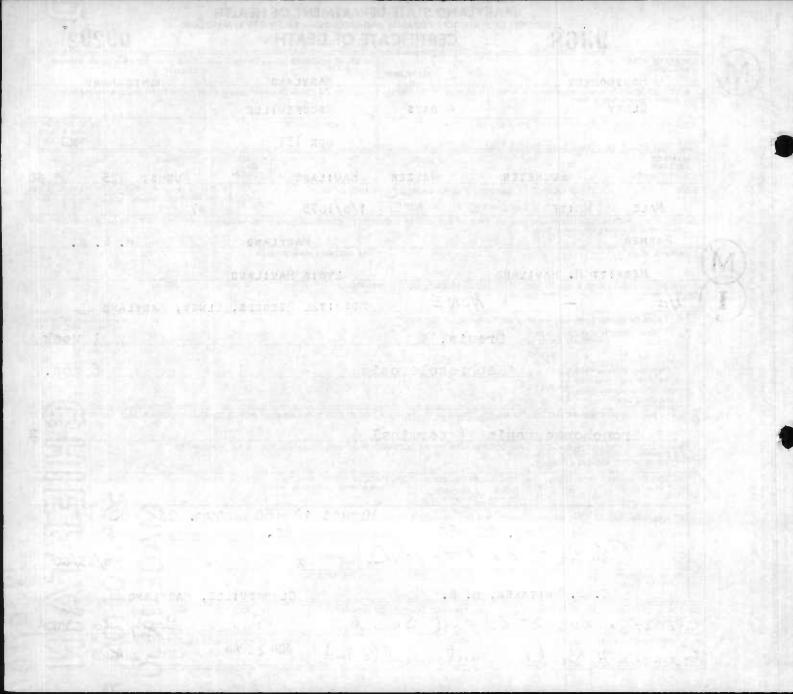
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1. PLACE OF DEATH o. COUNTY			MARYI		USUAL RESIDEN	NCE (Where	deceased	lived. If instituti	on: Reside	nce befo	re admiss	sion)
		ts, write c	LENGTH OF STAY	N 1b	c. CITY OR TO	WN (If outsic	de corpore	ote limits, write R	URAL and	give nec	arest town	n)
OLNE	nearest tawn)		4 DAYS		BROO	KEVILI	E					
d. NAME OF HOSE	PITAL (If nat in haspital, g	ive street ad	dress)		ad. STREET ADD	RESS					e. IS RES	IDENCE
		nital			Box	131						
3. NAME OF	Fire	st	Middle		Last	4.		Mon	th	Da	у	Year
(Type or print)	EBENE	ZER	WANZI	ER	HAVILAN	ID I	DEATH	Aug	UST	23		19 60
5. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIE	B. D.	ATE OF BIRTH			9. AGE (In years	IF UNDE			
MALE	WHITE				/8/1873			87 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KII	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote ar fo	oreign co	untry)	12. CIT	IZEN O	WHAT	COUNTRY
FARMER	rking life, even it feffred)				M	ARYLAI	ND.		11	. S	Α.	
13. FATHER'S NAME				14								
Mean	Lee M. Hann	1 4 11 12			Lunca	Harres						
		-	OCIAL SECURITY NO	17 INFOR		DAVU	AND	Add	ress			
(Yes, ng, or unknown)												
			7 - 10 11-	H	OSPITAL	RECO	RDS,	OLNEY,	MARYL			
		use per line	for (o), (b), ond (c).]		17	15						
PART I. DI	EATH WAS CAUSED BY:	Ure	emia,									
144	DUE TO				The National	long.			31.			
Conditions, if	any which)	Ner	phroscler	pien						6	5 mo	g.
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	, 10		NITRIBUTING TO DEA	TH BUT NOT	PELATED TO TH	JE TERMINIAL	DISEASE	CONDITION GIV	/ENI INI PAI	PT 1(a) 1	2AW 0	ALITOPSY
£ 124111.0	THER SIGNIFICANT CON	DITIONS CO			«	TE LEKMINAL	DISCASE	CONDITION	LIVINIA	K1 1(0)	PERFC	ORMED?
)						YES [NO X
-	IG CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OC	CURRED. (E	nter nature of it	njury in Part	I or Part	II of item 18.)				
3 20c. TIME OF INJU		or 20d. INJ	URY OCCURRED				Of. (City	or town)		(County)		(State
Hour a.m	10	While of work [Nat while	factory,	street, office b	ldg., etc.)						
				. 122	muct 1	1160	1	A 1100 O	2	60		
	ased alive on_All	lg2/	2_1900, and	that deat	h accurred o	ot 42.M,	fram 1	the causes ar	d an th	e date		
220. SIGNATURE	Muslie S.	Lohn	rate, 1	MARYLAND MARYLAND MARYLAND C. CITY OR TOWN (if outside corporote limits, write RURAL and give nearest town) AYS BROOKE VILLE J. STREET ADDRESS BOX 131 Aiddle Lost J. ADATE OPEATH AUGUST J. Day Vesy DOY PESY Month Day Vesy Doy Pesy Month Day Pesy Doy Hours Min. Dox Pesy Hours Min. Dox Pesy Hours Min. Dox House Min. J. AGE (in years HE UNDER 1 YEAR) IF UNDER 24 HBS, libert birthday) BY 713. Months Day Hours Min. J. L. CITIZEN OF WHAT COUNTRY: MARYLAND J. MOTHER'S MAIDEN NAME LYDIA HAVILAND Address HOSPITAL RECORDS, OLNEY, MARYLAND J. INFORMANT Address HOSPITAL RECORDS, OLNEY, MARYLAND J. MOTHER'S MAIDEN NAME LYDIA HAVILAND J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDEN NAME LYDIA HAVILAND J. MOTHER'S MAIDEN NAME LYDIA HAVILAND J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDEN NAME LYDIA HAVILAND J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDEN								
D. COUNTY MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low) UNEY d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE DATE												
NAME (Type)	C S WULT	AVED	M D			C		M				
RURAL ond give nearest tawn) d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Montgomery Gen. Hospital NAME OF DECASED (Type or print) SEX 6. COLOR OR RACE WHITE WIDOWED OR. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) FARMER 3. FATHER'S NAME MERRITT M. HAVILAND 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under: Iying couse lost: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OR CONTRIBUTING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTIONS OR CONTRIBUTING CAUSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this haspital) attended the couse whe deceased alive on Aug. 22 19 (22 SIGNATURE) 22 C. SIGNATURE C. S. WHITAKER, M. 33. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) AUG. 23 -40 To			TERV CO CO	EMATORY.								
REMOVAL (Specif	NAME OF DECEASED Type or print) EBENEZER SEX 6. COLOR OR RACE MALE WHITE WIDOWED LUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER FATHER'S NAME MERRITT M. HAVILAND WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or doles of service) WAS DECEASED EVER IN U. S. ARMED FORCES? IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING: DUE TO 20c. ACCIDENT WAS UNDERLYING: CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY While of work of a saw the deceased alive on ALIE 22. 21. I certify that (I) (this haspital) attended the saw the deceased alive on ALIE 22. 22c. PHYSICIAN'S NAME (Type) C. S. WHITAKER, M. BURIAL, CREMATION, 23b. DATE THEREOF RAMATION AUG. 23c. BURIAL, CREMATION, 23b. DATE THEREOF RAMATION AUG. 23c.		ZSC. NAME OF CEME	LEKY OR CR	O	230	DECKI	ION (City, Town	or county)	0	(5101	rej
	.0 11	5 40	7000 0	ince	in		ny	nee los	eorgi) Y	ner.
24. TUNERAL DIRECTO	OK'S SIGNATURE	5	ADDRESS	.10	1 2	AUG 2	S 60			-		
trances	. A. Ozarbi	en of	aylone	relle	ma D	ATE		- Cu	my J.	Than	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The dead of the death certificate be executed within 24 have ofter death. Page 4 may be retained by the haspital at attending prisidion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. daw requires that the deoth certificote be executed within 24 hg

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9369

CERTIFICATE OF DEATH

(19293 Reg. Dist. No.

							itog: Dist: It	101
1. PLACE OF DEAT o. COUNTY	Monts	MA	RYLAND	2. USUAL RESIDENCE (Va. STATE		ved. If institutio b. COUNTY	n: Residence be	
RURAL ond gi	/N (If outside corporate limits, venearest town) LingtonGrove	vrite c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (I	f outside corporate			
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, give ON	street oddress)		d. STREET ADDRESS	xth Ave			e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	Berden:	A Smit		Lost Heal y	4. DATE OF DEATH	Aug	ls	Day Year
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MAR		NOV 13-188		AGE (In years lost birthday) 73 yrs.	Months Days	
during mast of Hpus		e 10b. KIND OF BUSINESS	OR INDUS	Bradf	ord.Pa.	try)		OF WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
ALTO	EVER IN U. S. ARMED FORCES	2 14 COCIAL SECURITY	10 101	Bell I	Kinney	Addre		
(Yes, no, or unknown)	Ilf yes, give war or dates of service		NO. 114	Norman G.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nGrove.Me
gove rise t cause (o), stol lying couse t	if ony, which o immediate ting the underost. (c) OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO [DEATH BUT I					19. WAS AUTOPSY PERFORMED?
OR CONTRIBUT	T WAS UNDERLYING 206 TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of injury i	in Part I or Port II	of item 1B.)	- 71	
20c. TIME OF IN Hour o. p.	m.	20d. INJURY OCCURRED While Not while at work of work		CE OF INJURY (Home, fa ory, street, office bldg., e		town)	(Count	ty) (Stote)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jack Set	ceased from. 1960, and the	her	W 105	M, from the	e causes and ot, city or town, s	d on the da	aw the deceased ate stated abave. DATE SIGNED 8-2-
220. BURIAL, CREMA	ATION, 22b. DATE THEREOF	22c. NAME OF CE			22d. LOCATIO	N (City, town, o	r county)	(Stote)
23. FUNERAL DIREC	7.0	. ADDRESS.		11	C'D BY REGISTRA		TRAR'S SIGNAT	
Ernest	C. Gartner.	Gaithersbu	irg. 1	VI CL	16.5 '60		04	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

•	-	-								
	C	E	RT	IFI	CA	ATE	OF	DE	ATH	

09294

o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b 3 hours	c. CITY OR TOWN (If outside corporate limits, write F	
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Suburban Hospital	address)	d. STREET ADDRESS 4101 Glenrose St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Abhev	Middle F	Lost 4. DATE Mor	1
5. SEX Male 6. COLOR OF FACE 7. MARR WIDOWE	DIVORCED DIVORCED	Nov. 12, 1910 9. AGE (In years left prithday) yrs.	Manths Dayen Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane) Office Manager Re	kind of Business or Indu	New Hampshire	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Maki Hill		14. MOTHER'S MAIDEN NAME Unknown	
(Yes, no, or unknown)	17-18-4793	Ruth G. Hill-wife-same	dress 2d
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	le for (o), (b), and (c).]	af defeatin	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate DUE TO			Thous
lying cause lost. (c)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAU	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 1B.)	YES NO
	_ Not while _ fo	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) actory, street, office bldg., etc.)	(Caunty) (State)
21. I certify that (1) (this haspital) attends sow the degreesed alive on Alice 4.	/	death sourced at 4H.M. from the causes of	nd on the date stated above.
220. SIGNATURE LUCY 22c. PHYS CIAN'S 22c. PHYS CIAN'S	61	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	Ace Y 190
NAME (Type) George	Sharpe	10511Summit Ave	Kensingten, il
23a. BURIAL, CREMATION, BREMOVAL (Specify) 8/8/60	Arlington	Nat. Cem. Arlington	n. Virginia
24. FUNE CROBERTIES. PUMPI	HREY Bethes	sda, Md.	Ording & Knows

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH

09295

1. PLACE OF DEATH a. COUNTY	ONTGOMERY	MARYLAND	2. USUAL RESIDENCE (a. STATE MAR			nce befare admission)
RURAL and give		c. LENGTH OF STAY IN 16	11/	If autside carporate li	mits, write RURAL and	give nearest tawn)
d NAME OF HOS	R SPRING PITAL (If not in hospital, give stree N 9625 Mt. Pisgal	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MELISSA	Middle RUSSELL	Lost HILL	4. DATE OF DEATH	Month AUG.	Day Year 13 19 60
S. SEX FEMALE	6. COLOR OR RACE 7. MA WHITE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/11/06	9. AC	GE (In years IF UNDER the birthday) Manths yrs.	Days Hours Min.
Homamaker	TION (Give kind of work done 10k orking life, even if retired) Executive Dir		BRYSON Educational	CITY, N.		IZEN OF WHAT COUNTRY?
JAMES A.	RUSSELL		HATTIE JO			
15. WAS DECEASED E (Yes, no. or unknown)	(If yes, give war ar dates of service)		NE WILLIAM O.	HILL, 96	Address 25 Mt. Pisg	gah Rd.,
Canditions, il gave rise to cause (a), statilitying cause la	immediate DUE TO	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	RMINAL DISEASE COP	NDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. COLUMN III. COLUMN II	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury	in Part I ar Part II af	item 1B.)	
ZOC. TIME OF INJ	n. 10 Whil		PLACE OF INJURY (Hame, factory, street, affice bldg.,	arm, 20f. (City ar ta	wn) ((Caunty) (State
saw the dece	hat (I) (this haspital) atter eased alive an Aug			35M, from the		
22c. PHYSICIAN	lyo 6 to	nes,	M.D. ATTENDING PHYS. 22d. ADDRESS 9		AFF D 8	13/60 SIGNED
NAME (Type		E. Johes	Silve	n Sps	mg,	md
23a. BURIAL, CREMA REMOVAL (Spec BUR LAL		PARKLAWN CEM	OR CREMATORY TETERY	MONT GOME		(State) MARYLAND
24. FUNERAL DIRECTO	OR'S SIGNATURE LING.	ADDRESS SILVER SPRIN		AUG 1 8 '60	25b. REGISTRAR'S SI	11

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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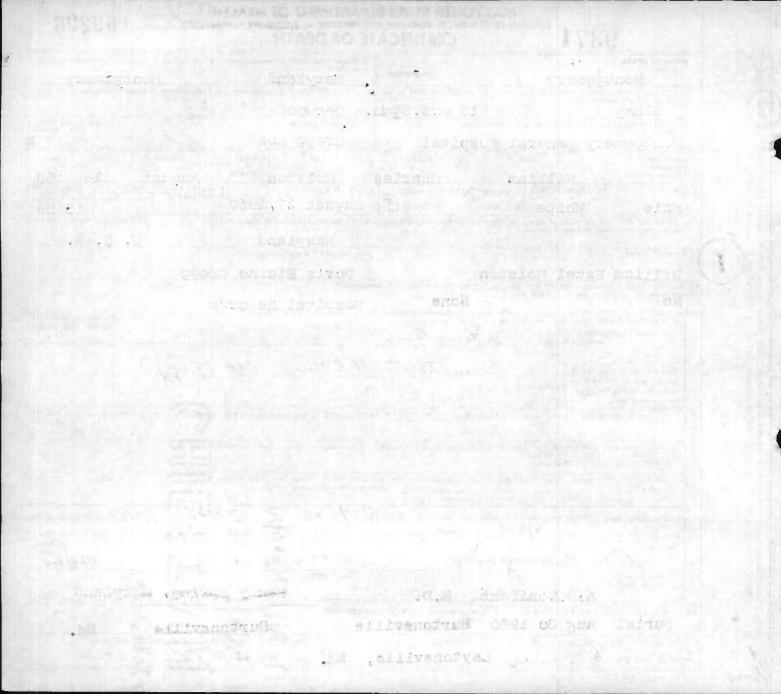
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1.	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	a. STATE	DENCE (Where deceased I	ived. If instituti b. COUNTY	an: Residence		ion)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	-	OWN (If autside carporo	te limits, write R)
	RURAL and give nearest tawn)	15 hrs.50mir	Dox	Foor	13			
-	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET A				e. IS RESI	IDENCE
3	OR INSTITUTION						ON A	FARM?
4	Montgomery General F	Hospital	Gred	gg Road			TES [NO [3]
3.	NAME OF First DECEASED (Type or print) Tati 1 1 i 2 m	Middle	Las	OF	Mar	ith	/	Year
-	WILLIAM	Charles		LSTOIL	Augu		28 I	1960
S.			8. DATE OF BIRTH		AGE (In years last birthday)		ays Haurs	Min.
	Male White WIDOW	'ED DIVORCED	Augus	27,1960	yrs.		15	55
10	a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired)	. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPL	ACE (State or fareign cou	ntry)	12. CITIZE	N OF WHAT C	OUNTRY
	doring most of working file, even it refreely		Ма	rvland		U.	S. A.	
13	FATHER'S NAME		-	MAIDEN NAME		, , ,		
1	William Estal Haleta	n e	Dowi	. Flaine C	******			
1,	William Estel Holston Was Deceased Ever In U. S. ARMED FORCES? 16		IFORMANT	Elaine G	Add	rass		
0	(es. or unknown) (If yes, give war or dates of service)	None						
	NO	MOTTA	Hospi	tal Record	S			
	gave rise to immediate	The lectasis	(3 M	s, 1lb	15° 03)	INTERVAL BE	
NOITAL	cause (a), stating the under. DUE TO lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIV	VEN IN PART 1	PERFO	AUTOPSY PRMED? NO [V
CEPTIEI		SCRIBE HOW INJURY OCCURRE	O. (Enter nature a	f injury in Port I ar Part I	I af item 1B.)			
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. Hour a.m. 19 While at wa	Nat while fac	ACE OF INJURY (stary, street, affice	Home, form, a bldg., etc.)	r tawn)	(Co	unty)	(Stote
	21. 1 certify that (I) (this haspital) attens we the deceased alive on \$\frac{9}{28}\$. SIGNATURE	ded the deceased fram.		70-	8/28 ne causes ar			above b. DATE
,	A. J. Bruy	all	M.D. PHYS.	DIRECTOR -	STAFF PHYS.	TELL	8/28/0	SIGNEI 60
	22c. PHYSICIAN'S NAME (Type) A.D.Bonifar	it, M.D.	22d. ADDRI	sandy S	pring,	Mary	land	
2:	Ba. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATIO	ON (City, tawn,	ar caunty)	(State	e)
	Aug 30 1960	Burtonsvil	Le	Burto	navi II		Md.	
2	. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		250. REC'D BY REGISTR		ISTRAR'S SIGN	-	
1.	Framis H Baller	Laytonsville	. Md.	DATE AUG 3 1 '6	0 0	Inthun S.	Kraua	

fueral director, after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. law requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) loss



	y the attending physician and camplete	Then please remove carbon popers.	and in any event, within 72 haurs ofter
may be retained by the haspital ar ottending sician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. F	the State Board of Health priar ta burial, crematian, ar remaval,

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

O 2 7 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9372	CERTIFICA	TE OF DEATH		09297
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	o. STATE	pere deceased lived. If institution b. COUNTY CE CONSULATE	on: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) Bethesda (Rural)	l day		utside corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION U.S. Naval Hospital	street oddress)	d. STREET ADDRESS BRITISH E	MBASSY	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Neil	Middle (n)	HONE	4. DATE Mon OF DEATH AU	th Day Year gust 10 160
Male Caucasian w		9-18-84	9. AGE (In years last birthday) 7A75 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) British Vice Consul	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote ENGLAND	or foreign country)	12. CITIZEN OF WHAT COUNTRY ENGLAND
13. FATHER'S NAME Deniel HONE		14. MOTHER'S MAIDEN N Ester E		
(let, no, or unknown) Unknown (If yes, give war or dates of service)		Navy Records	Addr	ess
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last. (c)	Abdonina Adono care	al Nota	s rasis Rectury	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	ONS CONTRIBUTING TO DEATH BUT OSTORIBE HOW INJURY OCCURRE	Sylertron	4. Jugur	PERFORMED?
Hour a.m.		ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.		(Caunty) (State
21. I certify that (I) (this hospital) of saw the deceased alive on 8-10 220. SIGNATURE 220 PHYSICIAN'S NAME (Type) R. E. AKERS,	1960 , and that a	M.D. PHYS MEDING		d on the dote stoted obove 22b. DATE SIGNEI 8-11-60 Bethesda, Md.
230. BURIAL, CREMATION, REMOVAL (Specify) 8-15-6	23c. NAME OF CEMETERY O Park Lawn Cem		23d. LOCATION (City, town, o	r county) (State) Maryland
R. A. PUMPHREY, 1557	ADDRESS Wisconsin Ave., E	Bethesda, Md. Al	10 4 5 100	TRAR'S SIGNATURE

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	n Nannina Bola bela Bola bela	ما داد			
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FOR STATE HEALTH DEPT and 3 to the funeral director. Page may be retained for your files. 2 with the State Board of Yealth, is necessary, O Us after death If an TO DEPUTY MEDICAL EXAMINER: 1 Perificate should be executed within 24 hours after death. please execute the cartificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2 and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 7 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, price to burial, cremation, or removal, and in any event within 72 hours after VS. A15ME

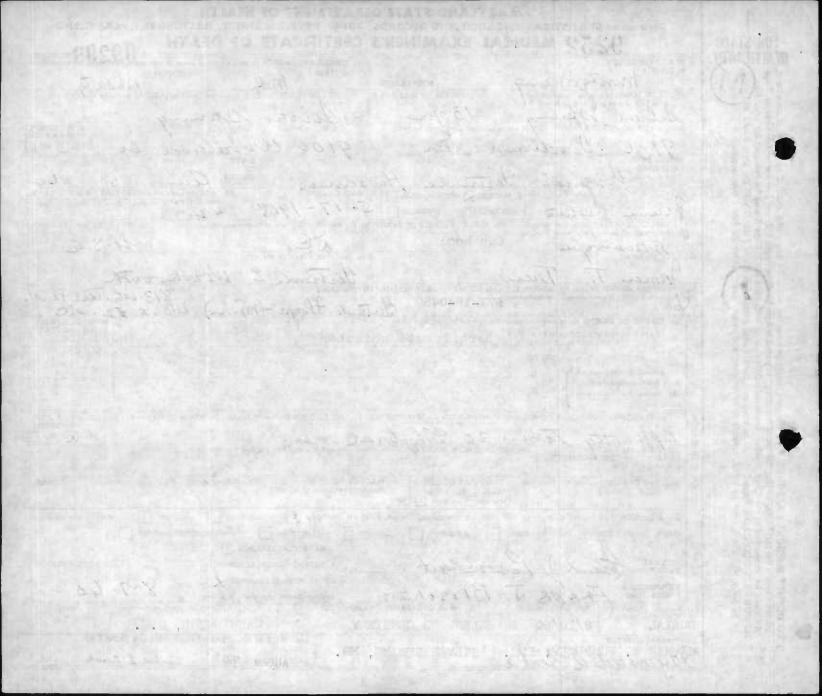
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()9298

· 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidenca before edmission)
	onte mery Maryland	a. STATE b. COUNTY R	eg V
-	b. CITY OR TOWN (if outs de corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL and	nive naarest lown)
	write RURAL and give nearest town)	11111111111	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ARDRESS	I e. IS RESIDENCE
1/	OD DOT WELL	73 - 0 - 00	ON A FARM?
15	NAME OF First Middle	1302 rayon Rd.	YES NO
3	DECEASED	Last 4. DATE Month	Dey Yeer
	(Type or print) William Scott /	touser DEATH lung	17 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	DATE OF BIRTH 9. AGE (In year IF UNDER 1 Y lest birthdey Months De	
	Male White WIDOWED DIYORCED	Bet 14-1958 1 yrs. 201	Hours Min.
10 d	a. USUAL OCCUPATION (Give kind of work one during most of working life, evan if retirad)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	None None	Die. W.	S.Cu
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Rome 11m Harras	KATA . H. Ol	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. E	KAtherine Hullinger	
0	es, no, or unkown) (Ifyesgivewarordatesofservice)	L 1 D 0	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	oy record	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	of francisco	ONSET AND DEATH
-	IMMEDIATE CAUSE (a) Live Wachner	of numerous 2	8 days
	903./ DUE TO		
	Conditions, if any, which gava rise to immediate cause (b)		
	(e), steting the underlying DUE TO		
	cause lest. (c)		
O N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
3	C.A. lest testere		YES NO
CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING	nter neture of Injury in Part I or Part II of item 18.)	
	CALLER OF DEATH	read against table in Hoof or	mon
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (Count ory) street, office bldg., alc.)	y) (Stata)
- NEDI	4. 4.4 / 4	hoghtel Betheeles Mer	to mil
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural ceuses , Accident , Suici		and in my opinion
	A COURT COURSE A COURSE A COURSE A COURSE	CHIEF MEDICAL EXAMINER	
	ACTUAL TO BOOK		DATE SIGNED
4	SIGNATURE THUND AN ELNAU	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S FLANK J. BLOSCHAN	DEPUTY MEDICAL EXAMINER	7-60
22	7777	Address (Streat, city, town, or county) CREMATORY 22d. LOCATION (City, town, or country)	(State)
1-4	REMOVAL (Specify)		
-	BURIAL 8/30/60 PARKLAWN CEMET	1 24- DECEMBER DECEMBER 1 241 DECEMBER 10	
1	BUNERAL DIRECTOR PUMPHREY, INC. SILVER SPRIN	G, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
	Caymond a ziska	DATAUG 31'60 arthur S. to	and .

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1 Item 21 Film 268 8-22-2000	TAND STATE DEP	ARTMENT OF HEA	LTH	DVIAND
FOR STATE Division of STATISTICAL RESEA 9252 MEDICA	L EXAMINER'S	CERTIFICATE OF	DEATH	000
1. PLACE OF DEATH a. COUNTY Monte one	MARYLAND 2	a. STATE	b. COUNTY	ence Before edmission)
b. CITY OR TOWN (if out de corporate limit, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porala limils, write RURAL and give	va naaresi town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospitel, give treet eddress)	o. STREET ADDRESS	pring	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	Middle	Last 4. DATE	Month Di	YES NO Year
(Type or print) UMANIE JU	Trude this	Lman DEATH	AGE (In yours IF UNDER 1 YEA	
The wild will will will will will will will	WED DIVORCED LA	17 - 1918 11. BIRTHPLACE (State or foreign co	tast birthday) 42 yrs. Months Day: puntry) 12. CITIZEN	Hours Min.
defre during most of working life, even If retired)	wn home	MOTHER'S MAIDEN NAME	4.	5-6
James T. Trees		Gertrude E	Woodworth	
15/WAS DÉCEASED EVER IN U.S. ARMED FORCES? 11. (Yes, no, or unkown) (If yes give werordet as of service)	77-18-0480 Gertr	ormant Florid - (mit	hu) Was x #2	the PL N.
18. CAUSE OF DEATH [Enter only one cause pa		soning	Four	INTERVAL BETWEEN ONSET AND DEATH 1d dead
DUE TO Conditions, if ony, which (b)			in	bed
gave rise to immediate cause (a), steting the underlying DUE TO				
	ONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(e)	PERFORMED?
PRIMARY OF CONTRIBUTING	CRIBE HOW INJURY OCCURED. (Enta	r neture of figury In Part I or Pert II o	of Item 18.)	YES NO
ZOc. TIME OF INJURY Month, Day, Year 2Dc		OF INJURY (Homa, farm, 2Df. (Clistreet, office bldg., etc.)	ty or town) (County)	(Slate)
Hour a.m. p.m. 19 21. I certify that I took charge of the re	vork at work		Inquiry , ar	nd in my opinion
death resulted from: Natural causes	, Accident . Suicide		ndetermined manner	
ACTUAL SIGNATURE TRANK 1. BANK	markent	M.D. ASSISTANT MEDICAL EXAMIN	bossel	DATE SIGNED
EXAMINER'S NAME (Type) 228. BURIAL, CREMATION, 22b. DATE THEREOF	Brosehza 1220. NAME OF CEMETERY OR CE	DEPUTY MEDICAL EXAMINER Addrass (Streat, city, town, or	county)	(Stata)
REMOVAL (Specify) 8/10/60	GLENWOOD CEMETER	Y WASH	TION (City, town, or country) INGTON, D.C.	
VS. A15ME 5M 7/59 23. FUNERAL DIRECTOR FUNDING E. PUMPINEY INC. FUNDING A TURBA	ADDRESS SILVER SPRING,		O Cullum S. Ka	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9253

CERTIFICATE OF DEATH

09300

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MONTGOMERY MARYT.AND b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) SILVER SPRING 14 vrs. SILVER SPRING d. NAME OF HOSPITAL (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? E. MELBOURNE AVENUE 416 E. MELBOURNE AVENUE YES NO TA NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH AUGUST 12 MAGGIE RUGENE JACKSON (Type ar print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 86 yrs. 5/24/74 Manths Days Haurs REMALE WHITE DIVORCED | WIDOWED A 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Homemaker own home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Parslev Catherine Day 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** Address Miss Florence W. Jackson. 416 E. Melbourne Ave. none no Silver Springute Male BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY -2 2/20 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise la immediate DUE TO cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE/HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while n. m at wark at work 196 . That I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 14:20%, from the causes and an the date stated above. alive on ACTUAL PHYSICIAN'S WILLIAM D. AUD NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar caunty) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) MT. TABOR CEMETERY ETCHISON, MARYLAND 8/16/60 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE STEVER SPRING, MD. AUG 15 arthur S. Thank DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) and 3 to the funeral director. Page may be retained for your files. Hoalth, is necessary, b. COUNTY ontarome MARYLAND mtamere b. CITY OR TOWN (if dutside corporete limits write RURAL and pive nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) your dof d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO T NAME OF First Middla DATE Month DECEASED OF the (Type or print) DEATH -u.cu PYCher 00. 19 with 6. COLOR OR RACE A MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with NEVER MARRIED last birthdey) Months Days should be executed within 24 hours after de g" in pencil in Item 18. Give Pages 1, 2, and s Office along with form PM3. Page 5 ma burial-transit permit. Fire pages I and 2 w Hours WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY H-BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Irainicu Mica 2 8 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detay of service) CAUSE OF DEATH [Entar only one cause per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) andde DUE TO Conditions, if eny, which (b) "pending" geva rise to immadieta causa DUE TO execute the certificate, writing the word "pending the forwarded to the Chief Medical Examiner's VERAL DIRECTOR: Page 3 should be used as (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) Month, Dey, Yeer 2Dd. INJURY OCCURRED (County) (State) factory, street, office bldg., atc.) Whila Not While agent, prior to at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry A and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) USCA Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 FUNERAL DIRECTO 24a. BYC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krave 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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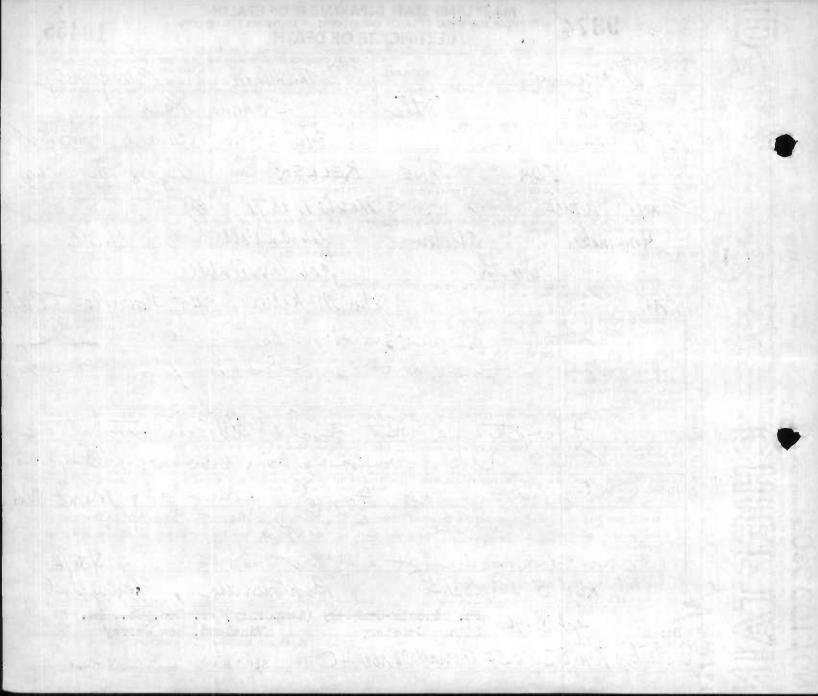
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	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	-	9
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may be retained by the haspital ar attending ysician.	FUNER	page 3	the State	
	O			

Taw requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN:

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	1. PLACE OF DEATH o. COUNTY WATER MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MINUTALIA B. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and one made town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)					
1	d. NAME OF HOSPITAL (If not in bospital, give storet podress) OR INSTITUTION 12921 Columnia Kond	Street ADDRESS Flower Church on a FARM? YES NO E					
	3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. First JANE TANE	KELLER 4. DATE OF DEATH Cuguel 30 1960					
	S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In year) 15 UNDER 1 YEAR IF UNDER 24 HR: 10st bigthddy) Months Doys Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR III during most of working life, even if relired)	- In available U.S.a.					
)	13. FATHER'S NAME Smith	14. MOTHER'S MAIDEN HAME RAN AVAILABLE					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	John M. Keller: 8408 Floren age. T.P.					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH					
1	Conditions, if ony, which) (b) DUE TO Conditions, if ony, which)	eein & Cochedia + wh					
	gove rise to immediate couse (a), stating the <u>under-lying</u> cause last.						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	LBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS					
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. 1City or town) (County) (State of the county)						
	21. I certify that (I) (this haspital) attended the deceased from \$30. 19. That (I) (we) last saw the deceased alive an \$19. Or and that death accurred at \$10.0000, from the causes and an the date stated above						
	220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. STAFF					
	22c. PHYSICIAN'S NAME (Type) Roy B. PARSONS.	Burtonsville Maryland					
	230. BURIAL, CREMATION, 234 DATE THEREOF PLNAME DE CENTER PROVIDENCE SILORING COME	etery Vineland, New Jersey					
	24 NUMERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					



VS A15 (4) 1SM 9/S8

that the death certificate be executed within 24 ha

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
45.40			

CERTIFICATE OF DEATH

9375 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) davs Clarksburg Olnev d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? General Hosp YES NO Montgomerv NAME OF 4. DATE First Middle Last Month Day Year DECEASED (Type or print) Anna Edmonia King DEATH 30 August 19 60 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours DIVORCED [Female WIDOWED | 189 White January 68 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gardiner Inise Bowlin Bernard IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of Sigmoid Colon IMMEDIATE CAUSE (o) vears with metastasis DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work February August 30,19 60that I last saw the deceased 21. I certify that I attended the deceased from alive an August 1960 and that death accurred at 10.05%, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL Mp 9830 Main Street SIGNATURE PHYSICIAN'S McKendree Bover. M. NAME (Type) D. Damascus, Maryland 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Duria 23. FHNERAL DIRECTOR'S/SIGNATURE 246. REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR

· . . . was suffered to the control of \$20 March Statement of health \$25 miles and \$25 March Statement of the control o

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF

TEAM STATE DELAKTMENT OF HEALTH	
STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	09303
CERTIFICATE OF DEATH	(1000)

9378 CERTIFICATE OF DEATH					
1. PLACE OF DEATH o. COUNTY montaomery	MARYLAND 2. USU/ o. ST		b. COUNTY	nnce before admission)	
RURAL ond give neorest towns d Z 24	OF STAY IN 16 c. CI	TY OR TOWN (If autside	carporate limits, write RURAL and	give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION July 10 OR INSTITUTION	d. 5	SSO4-10	th. st.	IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) CRAVEN	Middle	KING O	ATH Hug	24 1960	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MIZLE White WIDOWED C	MARRIED B. DATE O	-5-82	9. AGE (In years) IF UNDE last birthdoxy yrs. Manths	Days Hours Min.	
10a. USUAL OCCUPATION (Give trind of work done 10). KIND OF BUS defined most of working life events refired. The first section of the sectio	u & Engra	wing flir	grauntry) 12.Cl	L. 5'. A	
13. FATHER'S NAME Craven James King 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL JECU		THER'S MAIDEN NAME	1 Je Mova	Edwards	
(Yes, no, or unknown) (If yes, give wer or dates of service)	- Cha	dotte A.	Ken worthy,	Inei Esta	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last.	and (c).]	vis (von	Ethqualic)	INTERVAL BETWEEN PASE AND DEATH ONSE AND DEATH ONSE AND DEATH	
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NJURY OCCURRED. (Enter r	disease		ART 1(o) 19. WAS UITOPSY PERFORMED? YES NO 1	
20c. TIME OF INJURY Month, Day, Year While Not whi of wark at wark	le factory, stree	VJURY (Hame, form, 20fet, affice bldg., etc.)	(City or town)	(County) (State)	
21. I certify that (I) (this has ital) attended the dec say the deceased alive on 12. 19.00 22. SIGNATURE 22. PHYS NAN'S NAME Y TAPES A A TOPOSITION OF THE PROPERTY OF THE	and that death of M.D. ATT	ENDING MED	rom the couses and on th	that (I) (we) last the date stated above. 22b. DATE SIGNED	
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/27/60	OF CEMETERY OR CREMA	TORY 23d.	DCATION (City, town, or county)	(Store)	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRES	sda, Maryla	nd 25a. REC'D BY R		SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: Jaw requires that the death certificate be executed within 24 har after death. Page 4 may be rebained by the haspital ar attending psicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fifed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

after death. Page 4

VR A15 (4) 15M 9/59

Engondment 6/27/60 . Weartelffit our aloum Mr Dufner George Co. Rothert A. Purporar Schoola, Maryland Lung was a San Transact

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Keg. Dis	r. No.
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere decea			ce before admission)
101 (ontgomery		MARYL	AND	o. STATE Mary	yland	b. COUNTY	Mor	ntgomery
B. CITY OR TOWN (I) and give nearest fow Rockville		RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF Rockville	outside cor	porote limits, write l	RURAL ond g	give nearest town)
	idway Aven		pital, give street address)		d. STREET ADDRESS 13200 Midv	vav A	venue	1	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF	Fire		Middle		Last	4. DATE	Month		Day Year
(Type or print)	Herm	ian	Roscoe		KIRBY	OF DEATH	Augus	t	1 19 60
Male Male	6. COLOR OR RACE White	7. MARRII WIDOWEI	DIVORCED D	_	DATE OF BIRTH Aug. 16, 19	08	9. AGE (In years last birthday) 51 yrs.	Months D	YEAR IF UNDER 24 HE
during most of worki	ION (Give kind of work ding life, even if retired) Oyed		and of Business or in uto mechani		Louden (entrantia.		The second	EN OF WHAT COUNTI
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		8		
Robert L	. Kirby				Hattie Arne	ette			
15. WAS DECEASED EV	VER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	social security No.		riel Upton	ı-dau	Address ghter-sa	ame 2	d
	ATH [Enter only one count ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (o), (b), ond (c).] ohyxia						INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a			Hanging						sudden
(o), stoting the couse lost.		34							5.2
САТІС		oitions <u>co</u>	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM!	NAL DISEAS	E CONDITION GIVE	N IN PART I	(e) 19. WAS AUTOPS' PERFORMED? YES NO
					ter nature of injury in Port with clot			rd	
20c. TIME OF INJU	0 0 1 10/	While	Not while	- PLAC foctor	E OF INJURY (Home, form y, street, office bldg., etc.)	1.0	ckville	M	mla mi
	hat I took chorge d from: Noturol o	_			e, held on Autopsy ide 💢, Homicide		nspection 🔯, ndetermined co	Inquiry ouse	A, Jand find th
ACTUAL SIGNATURE 34	ans 9. 6	nos	chart		M.D. CHIEF MEDICAL EX	AMINER			DATE SIGNED
EXAMINER'S NAME (Type) F	rank J. Br	osch	art, M.D.		ASSISTANT MEDICAL E		A	igust	1, 1960
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 226. DATE THEREON 8/5/60		22c. NAME OF CEMETER Parklawn	Y OR C	REMATORY		TION (City, town, or cville		(Stote) Maryland
23. FUNERAL DIRECTOR Robert A.	-	7	Bethesda,	Ma		G 4	RAR 24b. REGIST	TRAR'S SIGN	LATURE

VS. A15ME(5)

5M 9/55

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		Rockyllia			
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Pages 1 and

the registrar priar ta burial, crematian, ar removal, and in any even within 72 haurs after death.

aw requires that the death certificate be executed within 24 ha

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9377

CERTIFICATE OF DEATH

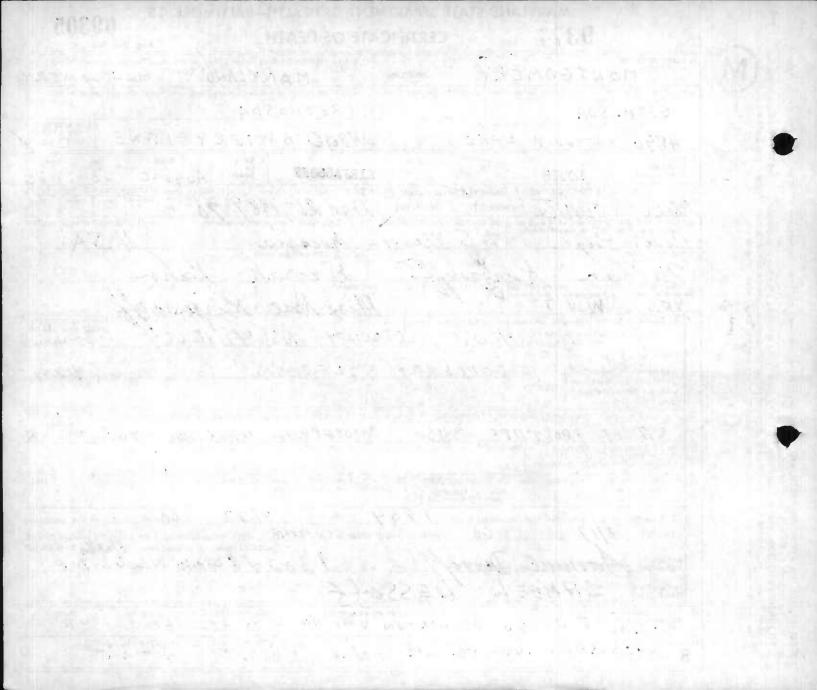
09305

Reg. Dist. No.

	O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) BETHESDA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4890 BATTERY LANE	4890 BATTERY LANE ON A FARM? YES NO ST
	3. NAME OF DECEASED (Type or print) LOUIS K	IRJASSOFF 4. DATE Month Day Yeor OF DEATH AUGUST 23 1960
	Male White WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired) 13. FATHER'S NAME	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15 SOCIAL SECURITY NO. INF (Yes, no, or unknown) If yes, give wor or doles of service)	DRMANT ROSE KINGASSELL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under: lying couse lost,	THRY INSUFFICIENCY INTERVAL BETWEEN ONSET AND DEATH 30 mine. Cherosis Gyears
	S CA OF PROSTATE - 3YRS- N	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YOCARDIAL INFARCTION -1957, YES NO NO NET THE PROPERTY N
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (Stote) y, street, affice bldg., etc.)
	21. I certify that attended the deceased fram. 1954 alive on 6/17, 1960., and that death a ACTUAL SIGNATURE AMUEL DESSON PHYSICIAN'S NAME (Type) 5/7/MUEL DESSON	coursed at 1045 P.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) 1302-188 Phills Wash 6, D.C.
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	REMATORY NAL C 22d. LOCATION (City, town, or county) (State)
2	23. FUNERAL DIRECTOR'S SIGNATURE B. DANZANSKY +SONS -3501-1412 5+1	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 6 '60

may be retained by the haspital ar attending sician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then-Please remave carban papers. Pages 1 and TO HOSPITAL OR ATTENDING PHYSICIAN: VS A1S (4) 1SM 9/S8



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) I director. Page for your files. a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside conforate limits, c. LENGTH OF STAY IN 16 outside corporata limits, write RURAL and giva nearest town) write PURAL and give neared town) for your Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ould be executed within 24 hours after death. If any celay in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bonoval, and in any every within 72 hours after death. ON A FARM? YES NO Month Year DECEASED (Type or print) DEATH /21/ 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours Min. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during host of working life, avan if retired arm FATHER'S NAME certificate should be executed within 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewarordalesofsarvice) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" gava rise lo immediale causa 60 DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner". FUNERAL DIRECTOR: Page 3 should be used as rist designated agent, prior to burial, cremation, or re (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE FOW INJURY OCCURED. (Enter nature of injury in Part II of Part II of item 18.) NO 20a. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Slala) factory, streat, office bldg., etc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 22/60 removal 0 0 4 Q Hamilton 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATI VS. A15ME Dilhun S. Kraus AUG 2 3 '60 Washington, 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

DODAW

	9378	CERTIFICA	IE OF DEATH		()	3301	1
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	USUAL RESIDENCE (Where deceded o. STATE	sed lived. If institutio b. COUNTY	n: Residence	before admissio	in)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porote limits, write RL	IRAL ond give	e nearest town)	3
	Bethesda	27 days	Washington, D	.C.	4	×	9
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESID	PARM?
	The Clinical Center, B	ethesda 14. Md	1028 Connecti	cut Ave.	N.W.	YES 🗌	
3.	NAME OF First	Middle	Lost 4. DATI	7110111	h	Day Ye	ear
	(Type or print) Joseph	Winey	Landis	TH Aug	ust	1 19	9 60
5. 5	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)		EAR IF UNDER	
	Male White WIDOW	ED DIVORCED	March 6, 1928	32 yrs.	Months Do	bys Hours	Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZE	N OF WHAT CO	UNTRY
	during most of working life, even if retired) Travel Consultant	Travel	Pennsylvania		п	S.A?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			167.945.8	
	Benjamin L. Landis		Grace Winey				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, IN	FORMANT The Medical	Pagand Addr	ess		
Ye	no, or unknown (If yes, give war or dates of service)						
	T		he Clinical Cente	r, bethesa	8 14,	Marylan	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:				14.	ONSET AND	DEATH
	IMMEDIATE CAUSE (o)	ntra-Abdominal	Hemorrhage			2-3-WE	eeks
	DUE TO						
		etastatic Terat	ocarcinoma			18 mor	nths
	gove rise to immediate couse (a), stating the under-			A			
	lying couse lost.						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVE	EN IN PART 1	(o) 19. WAS AI PERFOR YES	MED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or I	fort II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19 at wor	Not while foc	CE OF INJURY (Home, form, 20f. (Clory, street, office bldg., etc.)	City or town)	(Cou	unty)	(Stote
=	21. I certify that (I) (this hospital) attend	ded the deceased from	July 5 1960 to	August 1	, 19_60	, that (I) (w	ve) los
П	saw the deceased olive on August 1	19_60, and that d	eath occurred 450aM, fra	m the causes and	d an the c		
4	220. SIGNATURE KOKINS K.	Kashima,	A.D. PHYS. MED. DIRECTOR	STAFF PHYS.	1		DATE SIGNE
	PASKINS K. KASI	HIMA, M.D.	Institutes of	nical Cente	er, Na	tichal	
23c	BURIAL, CREMATION. 23b. PATE THEREOF 8/3/60	ARLINGTON NA		ATION MYER,		INI A ^{Stote}	
3	FUNERAL DIRECTOR'S SIGNATURE Sons 1756	PA ADDRESS N.V	D.C. 250. REC'D BY REG		TRAR'S SIGN	1.	

TO HOSPITAL OR ATTENDING PHYSICIAN.

In we require that the death certificate be executed within 24 harder death. Page 4 may be retained by the haspital an attending systician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filed-with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNT b. COUNT MARYLAND eral OR TOWN (If outside CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 pe RURAL and dive nearestateut) d. NAME OF HOSPITAL (If not in hospital, e. IS RESIDENCE ON A FARM? give street address) d. STREET ADDRE OR INSTITUTION YES NO I NAME OF Middle DATE Month Last Yeor filled DECEASED DEATH oges (Type or print) death 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last-birthday) Months Days Hours DIVORCED [WIDOWED A papers. off campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country 2 during most of working life, men if retired) oug carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remave 17. INFORMANT 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), gnd (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** py Conditions, if ony, which gned gove rise to immediate **DUE TO** cause (o), stoting the underlying cause last. burial-transit ysician 9 peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) crematian, PERFORMED? has YES NO 1 206. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Part I of Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) SO 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot wark ot work p. m. 21. I certify that (1) (this haspital) attended the deceased frame 19_(a) that (1) (we) last nay be revalued to FUNERAL DIRECTOR: A page 3 shauld be detaching the page 3 shauld be detaching the page 3 shauld and Health Health saw the deceased alive and and that death accurred at AVM, from the causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify REMATION 10 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9311

CERTIFICATE OF DEATH

09309

PLACE OF DEATH O. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (* o. STATE F101		- COLINITY -	nellas
B. CITY OR TOWN RURAL and give	N (If outside corporate limits, write e negrest town) VIIIA	c. LENGTH OF STAY IN 16 6 months		If outside corporate line Petersbur		d give nearest town)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give stree N Waverley Sanit		d. STREET ADDRESS	7th. Avenu	e , North	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Katherine	Middle Hague	Lauba ch	4. DATE OF DEATH	Aug.	Day Year 1919 6
5. SEX Remole	10/1/	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AG los	E (In years IF UND birthdoy) Months yrs.	ER 1 YEAR OF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPA during most af w	ATION (Give kind af work done 10byorking life, even if retired)	KIND OF BUSINESS OR INDU Housewife		son, Texas		INTER OF WHAT COUNTRY?
3. FATHER'S NAME	James Price H	a crisa	14. MOTHER'S MAIDEN			
15. WAS DECEASED	VER IN U. S. ARMED FORCES? 16		INFORMANT	DI III OIL	Address	
(Yes, no, or unknown)	(If yes, give war or dates of service)	D	orothy Lauba	ch Hall 2	400 16th.	St. N. W.D.C.
Conditions, if gove rise to couse (a), statin lying couse lo	immediate DUE TO Str. (c) DTHER SIGNIFICANT CONDITIONS		ed ante	bor in scleno rio scleno rio scleno RMINAL DISEASE CON	review	ONSET AND DEATH YERV 10 7 Y Correlation 20 + Y Correlation ART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT		SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury i	in Port I or Port II of	item 18.)	YES NO
_	URY Manth, Day, Year 20d. n. While		LACE OF INJURY (Hame, fo actary, street, office bldg., o	orm, 20f. (City or tax etc.)	~n)	(County) (State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	R Stephen He R. Stephen		1960, to h accurred at 923, M.D. 3000 D	M, from the cappess (Street, cappess)	causes and an t	last saw the deceased he date stated above. DATE SIGNED Th. D.C. Aug. 2,1960
220. BURIAL, CREMAT REMOVAL (Speci Buria)	TION, 22b. DATE/THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, ar caunty	1.935.3.1
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS, Lash, L	60	C'D BY REGISTRAR	24b. REGISTRAR'S	

MIARO TO STADENIAD TO DEATH. entered of property and the second Comment of the first and the state of the st THE RESERVE OF THE PROPERTY OF THE PARTY OF Address of the second of the s we street of Trucking (Anthorst back Stolle Stelle, Mr. 41) Teller and the country of th the colongraph of the colon of the The state of the s and the second of the second o motor of the first than the stand Landitat mitter value

STREET. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page b. COUNTY neral director, Pag MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. CITY OR TOWN (If ontade corporele limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 6 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd, ss. d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TO NAME OF DATE Vanz DECEASED 3 to the (Type or print) DEATH 1960 with COLOR OR RACE 7. MARRIED 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 2 with last birthday and 1, 2, and age 5 ma 1 and 2 v WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2. Office along with form PM3. Page dene during most of working life, even if relired cachen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, opyrkown) | (Ifyesgivewerordelesofservice) Office along with fabrical burial-transit permit movel, and in any e 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause "pending" execute the certificate, writing the word "pending" Id be forwarded to the Chief Medical Examiner's VERAL DIRECTOR: Page 3 should be used as a cause lest. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITION CERTIFICATION PERFORMED? стета YES W NO Aspiration of gastric contents while in recovery room, 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. following gall bladder operation buri 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) fectory, street, office bldg., etc.) Not While While Montg. et work et work Hosp. prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, Natural causes Accident V Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER should be forward. FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 220. BURIAL, CREMATION, 226. NAME OF GEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DATE THEREOF (Stete REMOVAL (Specify) 240 p 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG 26 arihur S. Traus 5M 7/59

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	9380		TE OF DEATH	MORE I, MARTLAND	09311
1.	PLACE OF DEATH o. COUNTY montgomer	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give express town)	2 augs 23 hrs	c. CITY OR TOWN (IF a	utside corporate limits, write RUN	ZIL.
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Suburb ass	address)	d. STREET ADDRESS	Meladow X	e. IS RESIDENCE ON A FARM? YES NOW
3.	NAME OF First DECEASED (Type or print)	Middle /	Last	4. DATE Month OF DEATH	Day Year 31 1960
S.	SEX 6. COLOR OF RACE 7. MARKE Female White WIDOW	The state of the s	3. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
18	o. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if getired)	NALLY LEPT	mar	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Lyancis Colt	fort	Helen	MANE Stander	Marker.
15	WAS DECEASEDEVER IN U. S. ARMED FORCES? es. no, or unknown) Yes WW 1	SOCIAL SECURITY NO. 17. IN	Spleton	M. R. Law	rence / As Albar
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o)((b), and (c).]	escular	acadent	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (o), stoting the under-	regray (brierio	sclorosis	5 Mrs
CATION	Iying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES P NO TO
CERTIFIC	20- ACCIDENT WAS UNDERWIND TO 204 DES	CRISE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of item 18.)	11.50 11.00
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19	Nat while foc	CE OF INJURY (Home, form tory, street, office bldg., etc		(County) (Stote)
	21. I certify that (1) (this haspital) attends saw the deceased alive an 50-10-10		1		Q 19, that (I) (we) last an the date stated above.
	220. SIGNATURE	Bets.	A.D. PHYS.	ED. STAFF RECTOR PHYS.	8-31-60 8-31-60
	PHYSICIAN'S NAME (Tyle) HADYEW J, B	etz M.F	5412 (Colo Are N	I.W Wash DC
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF Burial 9/3/60	23c. NAME OF CEMETERY OF	ch. Cem.	23d. LOCATION (City, town, or Sunderland.	county) (Stote) Marvland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
	Robert A. Pumphrey	Bethesda, Ma	ryland	SEP 2 '60 C	Talling & House

THE LAND OF SEP OF Corchinal Verseylas Elsente, C. 48 house Consequed Chalenous lands to the same Hafre terror 101-10. 3 February 2012. Southern & Oston Andrew J. Betz N.D. 5412 Colo Are Was Hashuso Petron College Ch. Robert A. Puspikey lethos in Maryland ... upl. moi

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

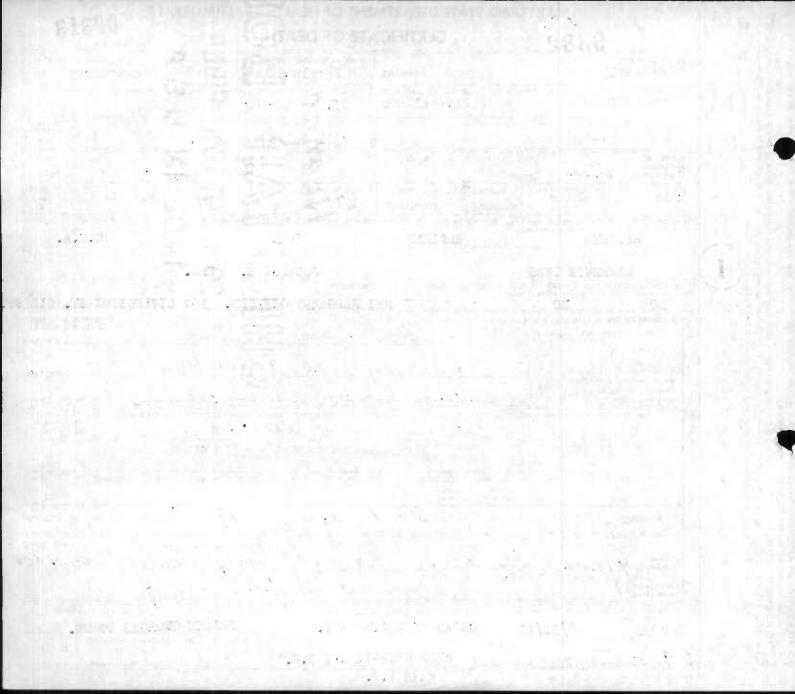
9381 CERTIFICATE OF DEATH

Reg. Dist. No.312

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh		lion: Residence before admission)
Montgomery	MARYLAND	Mary]	Land b. COUNT	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	41	outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS	rans trig con	e. IS RESIDENCE
OR INSTITUTION	Hospital		07.07	ON A FARM?
3. NAME OF Suburhar	Middle	Last		onth Day Yeor
DECEASED (Type or print) Violet	_	each	OF BEATH Augu	1st 6 19 60
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthdoy)	Months Doys Hours Min.
T diliate	WED DIVORCED	Pec. 3. 190	2 52 502 yr	moigras boys i noors intiti.
10a. USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired) Homemaker 13. FATHER'S NAME A BOTT	b. KIND OF BUSINESS OR INDU	11. BIRTHPLACE (Stole	Kota M	DNE ODENBAUGH
(Yes, no. or alknown) If yes give war or dates of service)	6. SOCIAL SECURITY NO. 473-18-5531	NFORMANT		Chisago City
1B. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]	1	- Holak	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Hometic	dailus		ONSET AND DEATH
5 8 IMMEDIATE CAUSE (o)	response	farane		unknow
Conditions if any which	Chalesain	al Pina	77.5	unknown
gave rise to immediate	C()///-50-003	of the	2.	au anoun
couse (a), stoting the <u>under.</u> DUE TO Lying couse last.				
, (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition g	PERFORMED?
□ OR CONTRIBUTING □ CAUSE OF DEATH	SCRISE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)	AEA NO
Hour a.m. Whil	- 1	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the deced	ased from Augus 4	19/00 to V	Aug 1/2 180	that I lost saw the deceased
alive on A ay G 19	ea, and that death	. 0 1	' /	and an the date stated above.
SIGNATURE TO WW 6.	cherel	M.D. 14-60	com.	Me 3/8/6
PHYSICIAN'S JOHN E.	EVERETT	Ke	usungto	n Med
220. BURIAL, CREMATION, 22b. DATE THEREOF BUREMOYAL (Specify) 8/10/60	22c. NAME OF CEMETERY C ARLINGTON NAT		22d. LOCATION (City, town ARLINGTON,	. ,,
23 FUNERAL DIRECTOR'S SIGNATURE FINC.	SILVER SPRING,	MD . 24a. REC'U	UG 1 2 60 24b. REG	GISTRAR'S SIGNATURE

Hisparia failure Cinducus of liver Learlessier see levery

WASH D.C.



by the funeral

ofter deoth. Page 4

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9383 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Montgomer	У		MARYLAND	2. USUAL RESIDENCE (V o. STATE Virginia		d. If institution: b. COUNTY	Residence bef	are admission)
RURAL and give ne		s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write RUR	AL and give ne	earest town)
Bethesda	AL (If not in hospital, given	ve street ode	1 day	Roanoke		7.0.1		IC BECIDENCE
OR INSTITUTION		ve sireer duc	11 622)			121 -	. 3	e. IS RESIDENCE ON A FARM?
	1 Hospital			Route 2		1	2	YES NO M
3. NAME OF DECEASED (Type or print)	First Bern		Middle Dwayne	Lemon Lost	4. DATE OF DEATH	Month		year Year
5. SEX			NEVER MARRIED	B. DATE OF BIRTH		Augu		10 19 60 R IF UNDER 24 HRS.
Male	Caucasian			1-23-60	7. Ga		onths Days	Haurs Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	one 10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	te or foreign country)		F WHAT COUNTRY?
Child	ing life, even if retired)			Virgini	a		U.S.	Δ
13. FATHER'S NAME				14. MOTHER'S MAIDEN			0.0	•44 •
Bernard G	. LEMON			Ruby Dun				
15. WAS DECEASED EVER	IN U. S. ARMED FORC		CIAL SECURITY NO. 17. II	NFORMANT		Address		
No	ir yes, give war or dates or ser	vicej	None I	Bernard G. LE	MON. Rt.2	Roano	ke. Va.	
Conditions, if or gove rise to in couse (a), stating t lying couse last.	he under- DUE TO (c)_	Pull	monic V	alvular S			re 6	IERVAL BETWEEN SET AND DEATH OSMINK B (ODGEN) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY	L.I CAUSE OF DEATH MEDICAL EXAMINER)	20d. INJU While	RY OCCURRED 20e. PL Nat while fa	D. (Enter nature of injury in ACE OF INJURY (Home, far ctary, street, affice bldg., et	rm, 20f. (City or to		(County)	YES NO
21. I certify that saw the decease 220. SIGNATURE			the deceased fram	death accurred at 1:	OOPNom the			hat (I) (we) last e stated abave. 22b. DATE SIGNED
23o, BURIAL CREMATION	hn H. MAZUR		MC, USN 3c. NAME OF CEMETERY O		al Hospit			
Burial (Specify)	an 8/11/60		Evergreen	A CREMATORT	Roanok			Virginia
24. FUNERAL STREET OF	SIGNATURE		ADDRESS	25g PEC	D BY REGISTRAR	25b. REGISTRA	DIC CICALATI	10.5

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		Janour L			
		Majorie	J. John J.		
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	the system of the party	the en minus			

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09315

9384

1. PLACE OF DEATH a. COUNTY	MARYLAND	_a. STATE	ere deceased lived. If institution: b. COUNTY	Residence befare admission)
Montgomery		Pennsylvania		V
 b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 			utside corporate limits, write RUR	AL and give nearest tawn)
Bethesda	26 Days	Philadelphia		/ 2 X = 3
d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION	e street address)	d. STREET ADDRESS	. Oharak	e. IS RESIDENCE ON A FARM?
The Clinical Center, B	ethesda lu. Md.	3101 Brighton	n Street	YES NO
3. NAME OF First DECEASED (Type or print) Barba	ra Jane	Lost Lerch	4. DATE Manth OF DEATH Augus	t 14 19 60
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female White	WIDOWED DIVORCED	December 8,	1943 16 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work do	ne 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Student	None	Pennsylv	ania	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.000
Charles A. Lerch		Helen G. He	llman	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT The Med	ical Record Address	
(Yes, no, or unknown) (If yes, give war or dates of serv			nter, Bethesda	
18. CAUSE OF DEATH Enter only one caus			3007	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Massive Intra-Abd	lominal Hemony	hace	12 Hours
IMMEDIATE CAUSE (a)_				IZ HOULD
175.0 DUE TO	Dysgerminoma of C		atomatous and	
Conditions, if any, which (b)_gave rise to immediate	Trophoblastic ele	ments.		8 Months
couse (a), stoting the under-				
lying cause lost. (c)_				
PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDI				YES IN NO
	Ob. DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in P	ort I or Part II of item 18.)	
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(County) (State
Hour o. m.	While Not while foo	ctory, street, office bldg., etc.		
	of work at work	* 3 30	(0 1 1)	10
21. I certify that (I) (this hospital)	attended the deceased from	July 19 19		, 19 60, that (I) (we) los
saw the deceased alive in Augu	15t 14 1960 , and that d	leath occurred of	M, from the causes and	on the dote stated above
220. SIGNATURE	st In	ATTENIONE		22b, DATE SIGNEI
! /lat wall	2000-	M.D. ATTENDING ME	RECTOR PHYS.	8-14-60
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS The	Clinical Cente	er. National
MARTIN NYDIC	K, M.D.		of Health, Bet	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, or	
Burial 8/22/60	Forest Hil		Philadelphi	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			A. Pa.
Robert A. Pumphre				
	J	- 3 2 Tarra I DVIC VA	G 17'60 Qui	mr & Heart

fureral linector, ofter death. Page 4 the pup TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use os the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, remotian, ar removal, and in any event, within 72 hours after death. law requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN.

VR A15 (4) 15M 9/59

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*		Shull firstendon Son			
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		Desired I, 1915			
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instra,		nation .0 melou g fabrical district unitable district.	100 - 10 - 10 - 10 - 10 - 10 - 10 - 10	lano) . section	è
aurel St autor 3	ban no	and many and department according to the country			
	of the	920.1	CS 11 Juny 10		
TELEGRIPHIA PO		inito ent Il lo esdutiumn			
		fire granes til		\ES\e lerun	
				Charl V. Lason	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY and 3 to the funeral director. Page may be retained for your files. Health. a. STATE is necessary, b. COUNTY MARYLAND CITY OR TO c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest fown) for your f 40 P in hospital, give State NAME OF 4. DATE DECEASED OF the (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 11. BIRTHPLACE (State or 10b. KIND OF BUSINESS OR INDUSTRY in Item 18. Give Pages 1, own home pages I within PM3. 14. MOTHER'S MAIDEN NAME unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. Wes, no, or unkown) | (ffyas giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" geve rise to immediata cause DUE TO (e), steting the underlying DEPUTY MEDICAL ACCORDING THE Word "Pendin lease execute the certificate, writing the word "pending" cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICA 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part I 200. EXTERNAL CAUSE WAS injury in Pert I or Part II of item 18.) CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 2 agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S VSCA NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or equatry) REMOVAL (Specify) 8/25/60 ARLINGTON NAT'L. CEMETERY ARLINGTON. 0 Q40 9 BURIAL 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SPRING, MD. DATE 2 9 60 1. Louis & through

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19 60

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

QNSET AND DEATH

PERFORMED? NO

(Stata)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

LIF UNDER 1 YEAR

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Files. O. STATE b. COUNTY Mont. Co. MARYLAND Montgowery b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN, 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and give negrest town 1/15 500 day-40 mins Wheaton Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3912- Jeffry Street YES TE NO Suburban ō NAME OF Middle 4. DATE First Lost Year DECEASED (Type or print) DEATH 27-1960 0 Maher Aug. 19 Janet offer 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Iln years IFUNDER TYPAR IF UNDER 24 HRS. may b Months Dovs Hours Min. WIDOWED [7] DIVORCED [6 vars Dec.11.1953 White Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) - Student U.S.A. BOSTON, MASS. Child ive Pages 1 form PM3/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sood ANGELINA VIOLA Walter R. Mah er 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) NONE NO PT's. Chart in Hem, 18. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). alang INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: miner's Office ala IMMEDIATE CAUSE (a) DUE TO Aspiration gastrie contents under ones-Canditions, if ony, which gave rise to immediate cause tesia for appendectomy DUE TO (a), stating the underlying cause last of Exon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Z P CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, i 20f. (City or lawn) (County) (Slole) factory, street, office bldg., etc.) g. m. While Nat while writing to the Page 3 at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my certificate, w forwarded to DIRECTOR: opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 4 should be 5 FUNERAL or its design **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 8/31/60 ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA 40 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE WARNER E. PUMPHREY INC SILVER SPRING. MD. VS. A15ME

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FOR STATE
HEALTH DEEL
A SESSE

TO DEPUTY MEDICAL EXXMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event when 72 hours after death. VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

10100	Item 14 FilmG.	171 0 16 60		
1. PLACE OF DEATH	T 000 T 4 T T T T T T T T T T T T T T T	2. USUAL RESIDENCE (Who	ere decessed lived, Il institution: R	lesidence before admission)
e. COUNTY	9100000	a. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corpore	MARYLAND	D.C.		
b. CITY OR TOWN (if outside corpore write RURAL end gly meares) lov	ta limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporala limits, write RURAL and	giva neerest town)
Kennelleten	2 mo	10 Kinhan	- 1200	17X
d. NAME OF HOSPITAL OR INSTITUT	TION (if not in hospital, give street eddress)	d. STREET ADDRESS	The state of the s	I e. IS RESIDENCE
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3. NAME OF	elles having Home	3414 9	" SI, NIC	YES NO
DECEASED/	First /Middle	Zasi / 4. DA	7	Dey Year
(Type or print)	E M	ileu DE	ATH 8 - 30 -	6 19
5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	8. DATE BIRTH	9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
1 00 6 144	WIDOWED Z DIVORCED	17/24 75		Deys Hours Min.
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13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
1) John Mou	res.	Lenora Ma	gner	
	D FORCES? 16. SOCIAL SECURITY NO. 17.		Address	
(Yes no, or unkown) (If yes give war or da		1. 16	P	
1 18. CAUSE OF DEATH (Frier on	ly one cause per line for (a), (b), and (c),	wroning Home	·Cecom	I INTERVAL RETWEEN
PART I. DEATH WAS CAUSED	RV. C	01,11	0	ONSET AND DEATH
IMMEDIATE CAU		heart stee	clure	2 w/ks
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3 -120 -0	left toil -	if mo ayo		YES NO T
E 200. EXTERNAL CAUSE WAS	201. DESCRIBE HOW NJURY OCCURED.	(Enter nature of injury in Part I or Part	II of Item 18.)	
PART IL OTHER SIGNIFICANT OF THE PRIMARY OF CONTRIBUTING U				
	By, Yeer 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, † 20f.	(City on town)	(6)
20c. TIME OF INJURY Month, De	While Not While lac	story, street, office bldg., etc.)	(Cily or town) (Coun	nty) (Stata)
p.m.	19 at work at work			
21. I certify that I took cha	rge of the remains described above, he	eld an Autopsy 🔲, Inspect	ion , Inquiry ,	and in my opinion
death resulted from: Natur	ral causes X, Accident , Suic	cide . Homicide .	Undetermined manner	
1	. 5	CHIEF MEDICAL EXAMINE	R 🗀	100000000000000000000000000000000000000
ACTUAL T	1. KARANTA	1		DEED GLOSIUS
SIGNATURE MANY	A JANELHALT	M.D. ASSISTANT MEDICAL EXA	11 -	DATE SIGNED
EXAMINER'S NAME (Type)	K. J. Broschan	DEPUTY MEDICAL EXAMIN Address (Street, city, lown	0 200	0-60
	THEREOF 22c. NAME OF CEMETERY O		CATION (City, town, or country)	(State)
REMOVAL (Specify)	-60 5 Mapana	Horiza 1 -1	Track to the	-1 1 B
23. FUNERAL DIRECTOR	ADDRESS	1 24a. REC'D BY REC	GISTRAR 24b. REGISTRAR'S SIG	GNATURE
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per FUNERAL DIRECTOR: shauld m page 10 VS A15 (4)

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CERTIFICATE OF DEATH 9302 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Monte Maryland Monte b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Gaithersburg. Md. Gaithersburg d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO T Residence Cedar Ave & Summit Hall NAME OF DATE First Middle Month Year DECEASED (Type or print) Arkie DEATH Mae Marshal 19 Aue IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Doys Haurs Female DIVORCED White WIDOWED I May 29-1906 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) House Wife Tenn 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Butrev Guiela Drenien 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Jack Marshall, Gaithersburg, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Twidespread metastasis IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate DUE TO cause (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m While Nat while at wark at wark 16 That I last saw the deceased 21. I certify that I attended the deceased fram. ____, and that death accurred at _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) humacher 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) Ferest Oak Gaithersburg. Md 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 1 8 '60 Cirthun & Kinua

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

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	9278 CERTIFICAT	E OF DEATH
F	1. PLACE OF DEATH O. COUNTY MONTE-OMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS RO4 VAN BUREN STN.W. YES IN NOR
-	3. NAME OF DECEASED (Type or print) W////////////////////////////////////	Last 4. DATE Month Day Year OF DEATH 8 5 1960
-	70/1/4	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Maintenance Maintenance Maintenance Maintenance	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	James B. MAXWell	TSA bella Johnson
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no. or unknown) (If yes, give war or dates of service) (57 8 - 28 - 0290 A)	HOSPITAL Reends
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	deproumenta interval Between onset and death
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (c) McCassant E. Company of the country of th	selvimoma (Mg.) 5yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. While at wark of work	CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 8-5-60 19 , and that de	6 20 that (1) (we) last eath accurred of 20M, from the causes and an the date stated above.
		A.D. PHYS. MED. STAFF SIGNED
	PAME (Type) NICHEROL L. Clapp Min	Wash Sanit + Hospt
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) Aug. id. 1960	NOOLN Pr. Geo. Co., Hd.
	W.W Chambers & 1400 Chapir ST	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ST. NWA

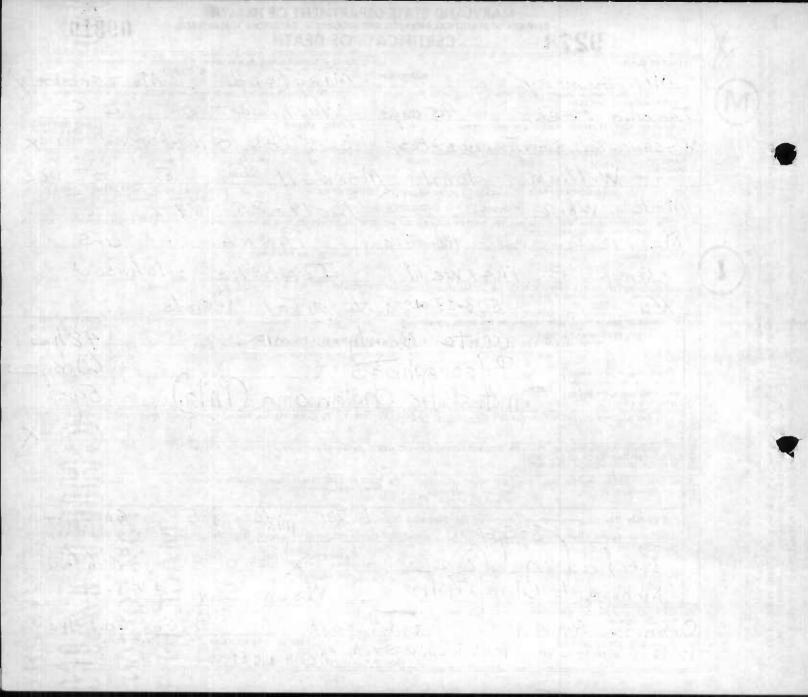
DATE AUG 11 '60

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in b page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. law requires that the deoth certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIANS

by the funeral directar,

ofter death. Poge

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9279 CERTIFICATE OF DEATH								
M	b. CITY OR TOWN III autiside carporate limits, write c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
75	d. NAME OF HOSPITAL (If nat in haspitat, give street address) OR INSTITUTION Moshington Sanitarium Hospita	d. STREET ADDRESS 1915 4 54 W o. 15 RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)						
	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE P. MARRIED NEVER MARRIED DIVORCED DIVORCE	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10 yrs. 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?						
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes. give war or dates of service)	NFORMANT Address Address Address						
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED for at work 19 work 19 at work 21. I certify that (I) (this hospital) attended the deceased fram.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? The Liver, cause underermined YES No Be D. (Enter nature of injury in Part I ar Part II af item 1B.) ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State)						
1	22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. DIRECTOR DIRECTOR DIFFECTOR DIFFERENCE PHYS. Dung 8, 1960 22d. ADDRESS 8700 Coles ville Rd., Silver Spring Md						
P	236. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 24. FUNERAL DIRECTOR'S GIGNATURE 3. DATE THEREOF 24. FUNERAL DIRECTOR'S GIGNATURE 3. DATE THEREOF 4. JUNE AND	STATE AUG 1 5 '60 CREMATORY (Signally) (Signally) 23d. LOCATION (City, tawn, ar caunty) (Signally) (

TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hour after death. Page 4 may be retained by the hospital or attending hysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Gy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremotion, ar removal, and in any event, within 72 haurs ofter death. VR A1S (4) 1SM 9/59

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LAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

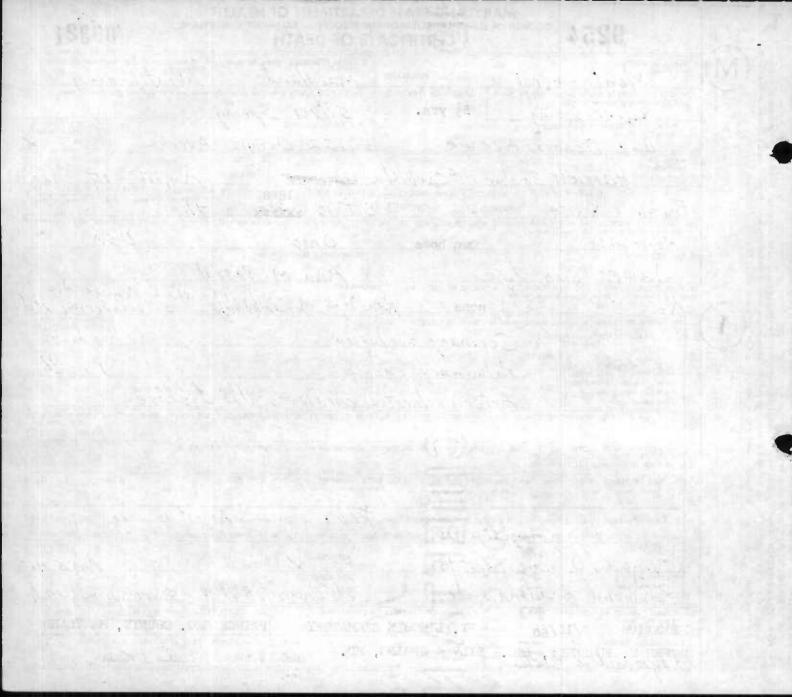
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9204	CERTIFICA	ATE OF DEATH		09321
PLACE OF DEATH a. COUNTY Jon teromer /	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Mary/and	b. COUNTY L	nce before admission)
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside co	proporate limits, write RURAC and	give neares/town)
d. NAME OF HOSPITAL (If nat/in haspital) give stree	et address) IENUE	d. STREET ADDRESS 1122 Denni	5 Avenue	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Harriett Emalin	me McCambride	Lost 4. DA	1 4	Day Yeor 15 1960
Female White WIDO	RRIED NEVER MARRIED (2)	B. DATE OF BIRTH 1868	last birthdoy) Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own home	Ohio	gn country) 12.CIT	SA,
3. FATHER'S NAME 3. MCS 5. WAS DECEASED EVER IN U. S. ARMED FORCEST (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT 2ndolph M. Cambis	erry 11Address 11Address 11Address 11Address 11Address	ennis Ave.
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		lusion	· ·	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate DUE TO	Imonary ed	Gem a		1 month
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH		UT NOT RELATED TO THE TERMINAL DIS		RT 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d		PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	(City or town)	(Caunty) (Stat
21. I certify that (I) (this hospital) atte		deoth accurred at & A.M., fr		Le, that (I) (we) la
220. Signature Temporal Bradsha 22c. PHYSICIAN'S PLAME-(Type) Raymond Bradsha	Kon Jr.	M.D. ATTENDING MED DIRECTOR 22d. ADDRESS 345 University B		Aug 15, He Spring, Md
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	OCATION (City, tawn, ar caunty) NCE GEO. COUNTY	1- /

TO HOSPITAL OR ATTENDING PHYSICIAN. To law requires that the death certificate be executed within 24 kpcs after death. Page 4 may be retained by the haspital or attending mysician.

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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09322

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	a. STATE	NCE (Where decease	L COUNTY	Montg		1)
b. CITY OR TOWN (III RURAL and give ne ROCKVIII	f outside corporate limits, write crest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TO	Rockvill		URAL ond give	e nearest town)	
OR INSTITUTION	AL (If not in hospital, give street ddle Lane	address)	d. STREET AD	vanBure	en St.		e. IS RESID ON A FA YES 1	ARM?
3. NAME OF DECEASED (Type or print)	JOHN	Middle G. M	cDONALD	4. DATE OF DEATH	Augus		5, Yes	60
5. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	May 5,	1898	9. AGE (In years last birthday) 62 yrs.	Manths 20	YEAR IF UNDER	24 HRS. Min.
Civil Engi	ON (Give kind af work done ling life, even if retired) neer	kind of Business or Indurivate Industry	y Wasl	nington, I	~	12. CITIZE	USA	JNTRY?
13. FATHER'S NAME			14. MOTHER'S A					
	Grant McDona		7	Kelly				
	(If yes, give wor or dates of service)		orothy H	iggins Mc	Vife Addr Donald-S		tem #2	
	TH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	ocelu	sion			INTERVAL BETV ONSET AND D	EATH
Conditions, if ar gave rise to ir cause (o), stating t lying cause last.	the <u>under-</u> DUE TO	humelie	fee.	lilara	Le		19415	·
SAIG C	orgestue	Levent La	T NOT RELATED TO T	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS ALL PERFORM YES	MED?
	S UNDERLYING (1) 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OFCURRI	ED. (Enter noture of	injury in Port I ar Par	t II af item 1B.)			
ZOc. TIME OF INJURY Hour o. m. p. m.	10							
	21. I certify that (I) (this hospital) attended the deceased from 3-12 1957, to 8-25, 1960 that (I) (we) lost							
saw the deceas 220. SIGNATURE	saw the deceased olive on Cury 35 19 (14), and that death occurred of AM, from the couses ond on the dote stoted above. 22b. DATE SIGNED PHYS. DIRECTOR DIR							DATE
22e. PHYSICIAN/S NAME (Type)								
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 23b. DATE THEREOF 8-27-60	Rockville	Cemeter	Mont	TION (City, town, comery	Count	(State)	
24. FUNERAL DIRECTOR'S	S SIGNATURE A. PUMPHREY,	Bethesda,		250. REC'D BY REGIS DATE AUG 2 9 'E		strar's sign Elma S. A	1	

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21 0 1 - 2 - 2 - 2 - 2	A SHOULD WELL		n o ventane i e
· Comment			8-27-53 01280 A. POMPHERY,
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (V o. STATE		f institution: Resider COUNTY	nce before admi	ssion)
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits	, write RURAL and	give nearest tow	vn)
	PITAL (If not in hospital, give stree		d. STREET ADDRESS	THE STATE OF THE S			ESIDENCE A FARM?
	Suburbs	ın	2822 Ritte	nhouse St.	N.W	YES [] NO []
3. NAME OF DECEASED (Type or print)	First William	Middle R	Mc Kinley	4. DATE OF DEATH	Month Aug.	Doy	Year 19 6
s. sex		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (last bi	91	Doys Hours	-
Oa. USUAL OCCUPAT during most of wo	TON (Give kind of work done 10th orking life, even if retired)	E TA			12.CIT	IZEN OF WHAT	COUNTRY
Adm.	, Ollicer	CIA	14. MOTHER'S MAIDEN			U.D. A	
	Alexander	Kerchoff	(Charlotte Me	c Kinley		
15. WAS DECEASEDEV	/ER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO. None	NFORMANT Wife (Heler		Address	443	RH
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT	g the under-	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	TION GIVEN IN PAF	PERF	ORMED?
OR CONTRIBUTION	VAS UNDERLYING 20b. DE IG CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Port II of iter	n 18.)	165	NO
20c, TIME OF INJU Hour o. m. p. m.	. Whil	6-	ACE OF INJURY (Home, fo ctory, street, office bldg., e		((County)	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James W. Egan	ised fram. 8/4 60, and that death	м.о. 7720	M, fram the cau ADDRESS (Street, city Wis Com	or town, stotel 8	eldote state 17/60 pm - Better	
Entombrie	Ht 8/9/1960	Ft. Lincoln M	lausoleum	Washing	gton	D.C.	,
Robert A.	Pumphrey	Bethesda,		C'D BY REGISTRAR 2	4b. REGISTRAR'S SI	S. Thomas	

TO HOSPITAL OR ATTENDING PHYSICIANA? low requires that the death certificate be executed within 24 by a filter death. Page 4 may be retained by the haspital or attending mysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remay reachen papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

The second section of the second section is a second section of the second section of the second section secti 전 보다 가게 되었으면 함께 개념되었다. 그런 그런 그런 그런 그런 그리고 있다. municum. Management of the Management English and mortune at V Rebert 1: numplings Bothesdey Kannylond

LAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY yould be executed within 24 hours after death. If any pay is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, movel, and in any event within 72 hours after death. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 outsida corporata limits, writa RURAL and giva ne rest town) MIDIION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? YES NO A Middle DATE Month DECEASED OF (Type or print) DEATH 1960 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Devs Hours WIDOWED [DIVORCED SUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no. or unkown] [If yes give were referes of service] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) sudde DUE TO Conditions, if any, which (b) gava rise to immediate cause "pending" (0) DUE TO (a), steting the underlying please execute the certificate, writing the word "pending 4 should be forwarded to the Chief Medical Examiner' O FUNERAL DIRECTOR: Page 3 should be used as cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 204. DESCREE HOW INJURY OCCURED. (Enter nature of Injury In Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS lage 3 shot to burial, o PRIMARY | or CONTRIBUTING | 200 INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, fectory, street, office hids CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry Y end in my opinion death resulted from: Natural ceuses Accident Suicide K Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a BURIAL CREMATION, 22b. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, Jown, of country) (State) REMOVAL (Specify) 0 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 8 '60 DATE AUG Circhar S. Thous 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9280 CERTIFICATE O

F DEATH	(1932)
PLAIII	Reg. Dist. No.

1		tgomery			MARYLAND	2. USUA o. STA	RESIDENCE (V	Vhere decease	d lived. If in b. CO		Residence Montg		ission)
	b. CITY OR TOWN (If RURAL and give new Takoma I	erest town)		& day	F STAY IN 16	102 -	OR TOWN (IF		orate limits, v	vrite RUR	AL and give	nearest ta	wn}
S W	d. NAME OF HOSPITA OR INSTITUTION (ashington S				1	116	REET ADDRESS	Parkla Lana D				ON	A FARM?
3	NAME OF DECEASED (Type or print)	Nettie Fi		-	Middle	Mel	ton	4. DATE OF DEATH	A	Month ug.		Day 2	Year 19 60
	female	6. COLOR OR RACE white	WIDOW	ED D	IVORCED 🔲		*Sabak 5		9. AGE (In last birth			YEAR IF UNI	
1	Oa. USUAL OCCUPATION during most of working house	ng lite, even it refired	done 10b.	own ho			RTHPLACE (Stor		country)		12. CITIZE	USA	AT COUNTRY?
1.	3. FATHER'S NAME					14. MO	HER'S MAIDEN	NAME			777		
	Robert Clo	oud				A	nnie Bi	ggs					
	5. WAS DECEASED EVER Yes, no. or unknown) (1	IN U. S. ARMED FOR t yes, give wor or dates of s		social secur		NFORMAN			n, 12,	Address 803 ockvi	Park1	and D	rive
S CONTRACTOR OF THE PROPERTY O	Conditions, if an gave rise to im cause (a), stating the lying cause last.	mediate ()	CONTRIBUTING	TO DEATH BUT	NOT RELA	ED TO THE TERM	MINAL DISEAS	SE CONDITIO	N GIVEN	I IN PART I	PERF	
-		CAUSE OF DEATH MEDICAL EXAMINER)			IJURY OCCURRE					8.)			
A DIGGIN	Hour a. fr.	Month, Day, Ye	While at wor	NJURY OCCURI	fo	ace OF IN.	URY (Home, far affice bldg., e	rm, i 20f. (City	y or tawn)		(Cou	nty)	(State)
	21. I certify the alive on	at Lattended the	deceas 19 10	29 11	d that death	occurre	60, to d at 23	ADDRESS (S	m the cau	ses and	d on the	date sta	deceased ted above. DATE SIGNED
	(0)/20/	. Y. Marcu					Silver S	Spring,	, Md.				
3	20. BURIAL, CREMATION REMOVAL (Specify) URIAL	8/5/60)F		OF CEMETERY O		DRY		TION (City, t			, VIRG	INIA
2	Raymona	SIGNATURE SISS	&c.	SILVER	SPRING	, MD.	240. REC	O'D BY REGIS			AR'S SIGN		

A Transport Maria Control E 10 E Railforder Sort Landien and detroits Living Manufactor of Marker, 12, ave la compact en more details also and the form of more of the last the last three details and the last three last three details. " being poor to an any over the other A CONTRACTOR STATE OF THE STATE

VS A15 (4) 15M 10/57

rs after death. Page 4

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH 9313

09326

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKV111e
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTEAD VIETS MILL RO	oddress) (ad	d. STREET ADDRESS 914 Viers Mill Road e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Myrtle Eli	zabeth Melv:	in Lost 1 4. DATE Month August 8, Doy 196 OF DEATH
	Female 6. COLOR OR RACE 7. MARI	ED DIVORCED "	8. DATE OF BIRTH NOV. 10., 1908 9. AGE (In years last biglished by yrs.) 9. AGE (In years last biglished by yrs.) Months Days Hours Min.
10	during most of working life, even if retired) HOUSEWITE	Same	JSTRY 11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY? USA
13	FATHER'S NAME William Mayhew	A	14. MOTHER'S MAIDEN NAME Elizabeth Mobley
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give wor or dates of service)		Mr. Thomas C. Melvin Rockville, Md.
Z	couse (o), stoting the under- lying couse lost.	BREINGMA	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS	2V	PERFORMED?
CERTIFICATION		CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Vol. 19 While of wol	60	LACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that I attended the decease alive on PARSAST	La, and that death	Men 1959, to Aggue T & 1960, that I lost saw the deceased hoccurred of 12:45 M. from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 310 Wat Montgerney and Synd Synd Synd Synd Synd Synd Synd Sy
27	6. BURIAL, CRIMATION, 22b. DATE THEREOF 8-11-60	Parklawn	OR CREMATORY 22d. LOCATION (City, town, or county Rockville, Mont. Md.
23	Meral Director's SIGNATURE	tonsville, M	Id. DATEAUG 11'60 Orthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

days

Baltimore

Day

Rea. Dist. No

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-	_			d	9

9387 PLACE OF DEATH b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Bethesda

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)

OR INSTITUTION

MARYLAND c. LENGTH OF STAY IN 16

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) tawn) d. STREET ADDRESS

Lutherville

DEATH

XXXX Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

1413 Tenbury Road

e. IS RESIDENCE ON A FARM? YES NO

Sugirhan NAME OF DECEASED (Type or print)

Widdle MARRIED NEVER MARRIED DIVORCED T

Hospita.

WIDOWED T

9. AGE (In years) IF UNDER TYEAR IF UNDER 24 HRS Manths

Haurs

Year

19606

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mast af warking life, even if retired) Retired Tailor

Self

Balto. M aryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME

5. SEX

Male

14. MOTHER'S MAIDEN NAME

Anntbinette Wolters

Mengers 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

DUE TO

6. COLOR OR

White

214-01-3826

INFORMANT C. Randolph Menger Son

BIRTHPLACE (State or foreign country)

Wash.

18.	CAUSE OF DEATH [Enter only one cause	se per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Shock
	578X DUE TO	10 -0
-	and the second second	100/1 - 10

Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO

INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month,

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

icuone.

5	20c.	TIME	OF	II	IJ
2		Hat	F	a.	m
5				p.	m

Day, Year

20d. INJURY OCCURRED While Nat while at wark at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) foctory, street, affice bldg., etc.)

(County) (State)

(State)

21. I certify that I attended the deceased fram alive an

19 Chat I last saw the deceased and that death accurred at Two L. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S NAME (Type)

Mirphy 8/6/60

22c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

22d. LOCATION (City, tawn, ar county) Baltimore. Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION,

Burial (Specify)

ADDRESS

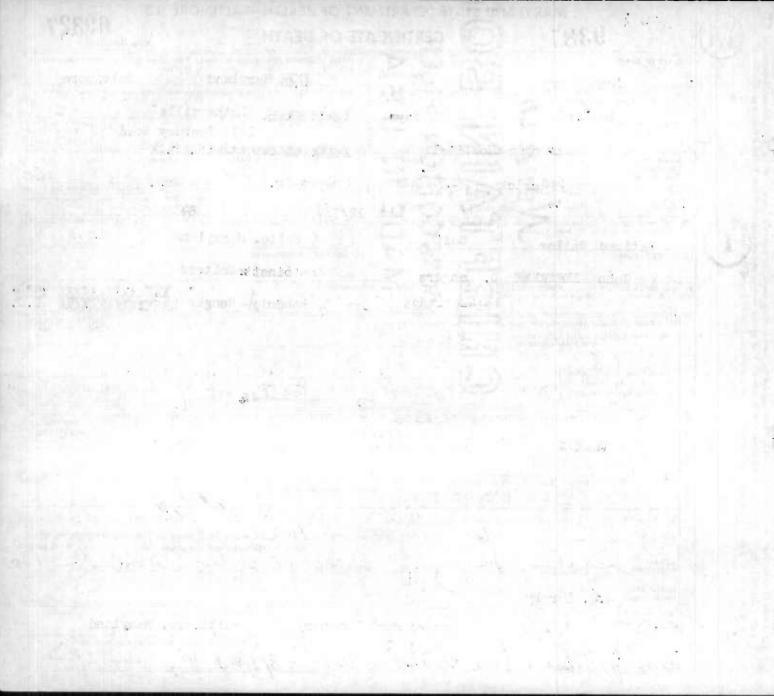
24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Christing & House

P 2 in b filled Pages completely death puo physician Car remave 0 FUNERAL DIRECTOR: 3 shauld poge 0 1SM 9/58

retained VS A15 (4)



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4 35 /		L		928	1	CERTIFIC	CATE O	F DEATI	Н		Reg. Dist.	No.	1482
director,	M)	1.	PLACE OF DEATH	ntgomery	/\	MARYLAN	2. USUAL	RESIDENCE (W laryland	here decease	b. COUNTY	ntgome:	before od	mission)
p 0 9	0		b. CITY OR TOWN (RURAL ond give n Tal	If outside corporate limits earest town) koma Park		oth of stay in 1	c. CITY		outside corpo	rote limits, write RI			lown)
s offer	75		OR INSTITUTION	TAL (If not in hospital, given shington Sar	ve street oddress)			OO9 Pop	lar Av	re.		0	RESIDENCE N A FARM?
filled ges 1 and	, ,		NAME OF DECEASED (Type or print)	First Dav:		Middle Lee	Me	lost essenger	4. DATE OF DEATH	Mon Aug.		Doy	Yeor 19 60
with Po		5.	Male	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIED DIVORCED	B. DATE OF	BIRTH	1960			YEAR IF U	NDER 24 HRS.
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ite be execultion and concorbon pap	(1	13.	FATHER'S NAME		a concom			HER'S MAIDEN	NAME	ningham	0112.0	ou Di	74.003
g physici remave '2 hours		15. 17e	WAS DECEASED EVE	rgil Lee Me: IR IN U. S. ARMED FORCE (It yes, give wer or dates of ter	ES? 16. SOCIAL	SECURITY NO. 1	Mother		dia cm	Addr (same a		a)	
death ce ottending please re within 72				ATH [Enter only one country was CAUSED BY:			3,10 0110 1			(Danie)	0 0000	INTERVA	L BETWEEN
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equires the signed b t permit.			gove rise to i couse (o), stoting lying couse lost.	the under-									
physicion. as been si buriol-transit removal, and)	CATION) (c).	ITIONS CONTRIBL	JTING TO DEATH	BUT NOT RELATI	D TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REORMED?
AN: The lo		CERTIFIC	20a. ACCIDENT WAR	AS UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	POb. DESCRIBE HO	W INJURY OCCU	RRED. (Enter nat	ure of injury in	Port I or Por	I II of item 18.)	11825	1.23	a no C
HYSICI or otte is certif use os I motion.		MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year		t while	PLACE OF INJU foctory, street,	JRY (Home, form office bldg., etc	n, 20f. (City	or town)	(Co.	inty)	(Stole)
bospito After the ned for iol, cre		-	21. I certify th	not I ottended the	deceased from	Aug.	13, 19_	60, to A	ug. 1	1 , 19 60	_,thot I lo	st saw t	he deceosed
ATTEN by the CTOR: e detocl	1		ACTUAL	Aug. III	11/0	, and that dec	,	600		the couses a reet, city or town,		date st	DATE SIGNE
AL OR AL DIRE		(PHYSICIAN'S NAME (Type)	HAN	B (b)	1/15M	_M.D An/		120	11 15	2	/S	11:12/7
may be re TO FUNERA page 3 sh the registr	0	220	BURIAL CREMATIC	DN, 22b. DATE THEREOF	22c. N	AME OF CEMETER	OR CREMATO	RY	27d. LOCAT	ION (City, town, o	or county)	D . (Slole)
VS A15 (4)	3	23.	FUNERAL DIRECTOR	s SIGNATURE	AD AD	DRESS I	N JAN	TARILEM 24a. REC	D BY REGIST	100	TRAR'S SIGN		, 1/6
15M 9/55	has	H	OBERT F	7522	3 X 1/	1311 NGH	W OH	N , KDATE/	059.		20 J.	/icall	

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HOSPITAL OR ATTENDING PHYSICIAN:	ay be retained by the hospital or attending Aysiciar	
O HOSPITAL OR ATTENDING PHYSICIAN:	may be retained by the hospital or attending Aysiciar	
TO HOSPITAL OR ATTENDING PHYSICIAN: Now requires that the death certificate be executed within 24 h	may be retained by the hospital or attending inysician.	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 9388

09328

1	o. COUNTY Montgome	ייעי		MARYLAN		o. STATE Virginia	nere deceased	b. COUNTY	Residence Fairf		mission)
	b. CITY OR TOWN (If RURAL and give ned Bethesda	outside corporate limit irest town)		ENGTH OF STAY IN	16	c. CITY OR TOWN (If a	outside corpor	ote limits, write R	the water the sale	- Section	own)
0	d. NAME OF HOSPITA OR INSTITUTION The Clin	L (If not in hospital, gi		255)		d. STREET ADDRESS Route 66	6. Box	332		0	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	Kathe	t	Middle Loraine		Miller	4. DATE OF DEATH	Augus		Day 30	Year 19 60
5	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS
	Female	White	WIDOWED [_	7 1 0	eptember 10		55 yrs.			
	Reg. Nurse	ng life, even if retired)	-	of Business or II		Virginia	P,	ountry)		.S.A.	AT COUNTRY?
1	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
1	Francis L.					Sue Carte					
	S. WAS DECEASED EVER (Yes, no, or unknown) (II	IN U. S. ARMED FOR	rvice)	144-0210	Cent	the Motor NIH, Be		Recorded		linic	al
		TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (c)	Pul mo	(o), (b), ond (c).]	3.			- MILLIC			ND DEATH
	Conditions, if on gove rise to im	y, which (b)	Carci	noma of le	eft l	reast with	bone	and metasta	sis	10	years
	couse (o), stoting the under- ying couse lost. Left ventricular hypertrophy								20	years	
1	PART II. OTH	er significant coni	DITIONS <u>CONT</u>	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART	PE	AS AUTOPSY REORMED?
		CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCI	JRRED. (E	inter noture of injury in	Port I or Port	II of item 18.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While	Y OCCURRED 20 Not while of work		OF INJURY (Home, form, street, office bldg., etc		or town)	(Co	ounty)	(Stote
	saw the decease 220. SIGNATURE 22c. PHYSICIAN'S	(*) (this haspital ed alive an Aug.) Leo L. Sto.	bac	19 <u>60</u> , and th	at deal	22d ADDRESS The	DOPMom ED RECTOR	August 30 the couses on STAFF 52 ical Cent Maryland	d on the	date sta	22b. DATE
100	230. BUTAL, CREMATION	aug 31	1960	holinu	RY OR C	nove Conv	ly	TION (City tofun,	una	an,	(Stote)
2	Bukley	Breen - Sne	enture	address ,	Hen	ndon Copate	SEP 6	RAR 256. REGI	STRAR'S SIG	NATURE 1. Than	
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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: 11 Sertificate should be executed within 24 hours after death. If any ay is necessary, please execute the cartificate, writing the word "pending" in pancil in Item 18. Give Pages 1, 2, and 3 to the furfactal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Eler pages 1 and 2 with the State Board Ordealth, or its designated agent, prior to burial, cremation, or removal, and in any great within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

9282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09329

•	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)
-1	monte maryland	a. STATE b. COUNTY
-		CITY OR TOWN I'V a still a season limits and a pull of the season limits and a state of
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give meters town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give placest town)
11	Takome Parke 24m	Makoma Vanh
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
	(1)	ON A FARM?
	114 Luc aux - 47 207 11	116 Lee Cur. Of 207 YES NOW
7	3. NAME OF First Middle	Last 4. DATE Month Bey Year
-1	(Type or print)	Nts DEATH CLAS 16 1960
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		last birthday) Months Days Hours Min.
	Male VII to to WIDOWED DIVORCED	- 24-1902 58 yrs.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if ratirad)	20
	Hotel manager	W.S.C.
V	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1	Your A MANTS	2 - atomical
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	(Yes no, or unkown) (Ifyesgive wer or detes of service)	
	110 2050-09-7628 Jan	iah MONTS (wife) Illu 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corrected Correc	Clus on Set and DEATH
	1450	auton puatr
	DUETO	
	Conditions, if any, which (b)	
	geve rise to immediate cause	
	(a), stating the underlying	
	cause last. J (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO BE THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20e. EXTERNAL CAUSE W/S PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (En	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	History of Brown - Comer	VEC TI NO TH
ч	20e. EXTERNAL CAUSE WAS 11 20b. DESCRIBE HOW INJURY OCCURED, (En	ter natura of injury In Part I or Pert II of item 18.)
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (En	
- 1		
		E OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
	Hour a.m. While Not While factor	y, streat, office bldg., atc.)
-1	Partie 17 Land Land	
	21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection , Inquiry , and in my opinion
-1	death resulted from: Natural causes 📝, Accident 🔲, Suicid	e , Homicide , Undetermined manner
-1		CHIEF MEDICAL EXAMINER
	ACTUAL A BOOK A	
M	SIGNATURE SAMA TO SIGNATURE	_M.D.
4	EXAMINER'S TO	DEPUTY MEDICAL EXAMINER & 8-16-60
	NAME (Type) FRANK J. IDAOSCARN	Address (Street, city, town, or county)
	and detailed the second	CREMATORY 22d. LOCATION (City, town, or country) (State)
1	PREMOVAL (Specify) 4-18-19/ AFI MILLOND PE	WETERN PURDINSO
	REMOVAL 18-18-1960 ELMWOOD CE	TETERY COLOMBIA, SIC.
	23. FUNERAL DIRECTOR ADDRESS Washingt	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Joseph Baulers Sons Love. 1756 Sa au	Mer. Alla 22'60 aring & trans
1	40	

To dead the second of the seco the fact that is the fact of t Name of the state Charles of the second The Residence of the State of t

after death. Page 4

9389

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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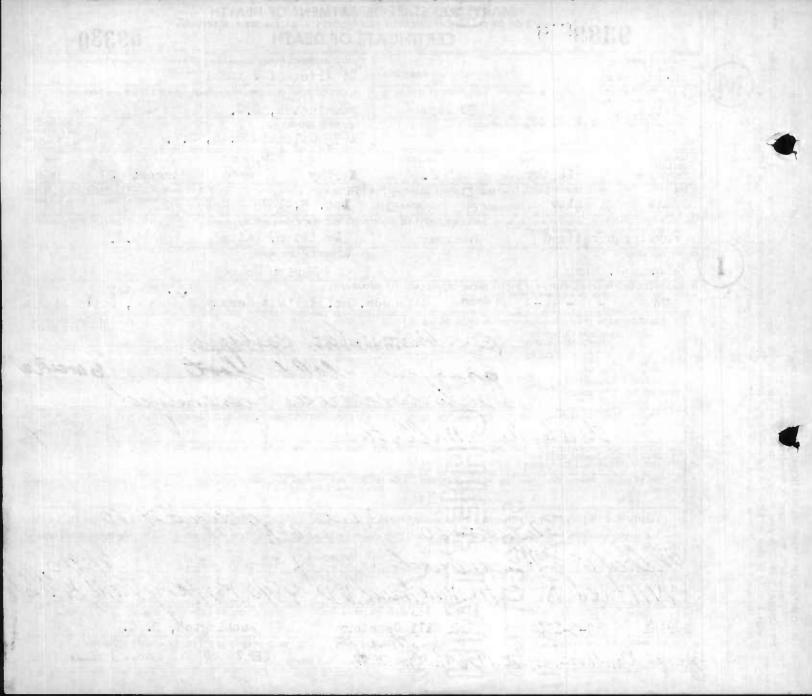
•		CERTIFICA	IL OI DEATH		(1990)
1. PLACE OF DEATH a. COUNTY Nontgoner	cy .	MARYLAND	2. USUAL RESIDENCE (Who STATE District of	ere deceased lived. If instituti	ion: Residence before admission)
b. CITY OR TOWN (I RURAL and give no Bethesda	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If of Washington,	utside corporate limits, write R	RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION RESMOT HO	AL (If not in haspital, give street api tal	address)	d. STREET ADDRESS 1673 Columb	ia Road, N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Timothy	Middle	tost Murphy	4. DATE Mon OF DEATH Au	nih Day Yeor gust 29 1960
s. sex	6. COLOR OR RACE 7. MARI	37	B. DATE OF BIRTH Dec. 5, 18	9. AGE (In yeors lost birthdoy) 9. Yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATIO dyring most of work Physician	DN (Give kind of work done 10b. king life, even if retired) 1 retired	KIND OF BUSINESS OR INDUS Medical	In BIRTHPLACE (Stole Leviston,		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	11		14. MOTHER'S MAIDEN N	5	
	R IN U. S. ARMED FORCES? 16.		IFORMANT		Imbassy Jose, Costa Rica
CATIC	mmediate the under (c) HER SIGNIFICANT CONDITIONS	meller	tie	V	6 WELKS WEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	Not while foo	D. (Enter nature of injury in E ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
	at (1) (this haspital) attended alive and the sed alive and the se	200 6 Cand that d	ATTENDING	M, from the causes are PHYS	19 Othat (1) (we) last and an the date stated abave 22b, DATE SIGNED AND AND AND AND AND AND AND AND AND AN
230. BURIAL, CREMATIO REMOVAL (Specify) Burial		23c. NAME OF CEMETERY O	r crematory etery	23d. LOCATION (City, town, Washington,	or county) (State) D. C.
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Tras	AINS · 2So. REC'I		ISTRAR'S SIGNATURE CILLING S. KLAUE

may be retained by the haspital or attending systetion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

aw requires that the deoth certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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	9390		CERTIF	ICAT	OF DEAT	Н		Reg. Dist.	M.O. 7	24
1. PLACE OF DEATH o. COUNTY Montgome	ry		MARYLA	- 11	USUAL RESIDENCE (W . STATE Connection		ed. If institution b. COUNTY	ini Residence	before odn	nission).
	I (If autside carporate lim	ts, write c	LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF	autside corporate	limits, write RL	JRAL and giv	e nearest to	awn)
Bethesda			85 days		Cheshire					
	PITAL (If nat in haspitol, s				d. STREET ADDRESS		1	IEV.	40	RESIDENCE
	ical Center				272 Bates		(a.2)		YES	□ NO 🔼
3. NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE OF	Mont	h	Day	Year
(Type or print)	Roser		France		Murty	DEATH	Augu		15,	19 60
5. SEX			NEVER MARRIED		ATE OF BIRTH		ost birthdoy)	Manths D	oys Hou	
Female	White	WIDOWED			ovember 18,		28 ym.			
during most of w	TION (Give kind of work orking life, even if retired	dane 10b. Kii)		INDUSTRY			γ)	12. CITIZI		IAT COUNTRY
Housewif	е		None	1.		ecticut			U.S.	A.
3. FATHER'S NAME				114	. MOTHER'S MAIDEN					
John T.					Rosemary					
 WAS DECEASED E (Yes, no. or unknown) 	VER IN U. S. ARMED FOR 1 (It yes, give war or dates of t		CIAL SECURITY NO.	17. INFOI	MANT The Med	dical Re	cord Address	ess		
No		04	9-24-8680	The	Clinical (Center.	Bethesd	a 14,	Maryl	and
18. CAUSE OF D	EATH [Enter only one co								INTERVAL	BETWEEN ND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Meni	ngitis, ch	ronic	, of unkno	wn cause			6 moi	
134	O Q DUE TO									
Canditians, if	any, which)	,								
gove rise to	immediate (
lying couse las	ig the under-	1								
PART II. C	THER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH	1 BUT NOT	RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	EN IN PART 1		
PART II. C Sigmoid 200. ACCIDENT V OR CONTRIBUTIO (IF EITHER, NOTI	divertion		h nonfamat	-		Parama 1.3				FORMED?
20g. ACCIDENT	d diverticul	20b. DESCRI	BE HOW INJURY OCC	LON 3	nd abscess	Port Lor Port II	of item 18.1		163	M HOL
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	Too. Broak.	02 110 11 11 11 10 KT 000	OKKED. (E.	ner more et mijery m					
20c. TIME OF INJ Haur o. n		20-1 INIII	JRY OCCURRED 20	DI ACE	OF INJURY (Home, form	n, 20f. (City or				
Haur o. n	١.	While _	_ Not while		street, office bldg., etc		rownj	(Cou	ιητή	(State)
p. n	1. 19	of work								
21. I certify	that I attended the	deceased	from May 22		, 19 60, to A	ugust 1	5, 19 60	,that I los	st saw th	ne decease
alive an Au	gust 15,	1960	, and that d	eath ac	urred 20:55	PM, fram th	ne causes a	nd on the	date st	ated above
	110.0. 1		,			ADDRESS (Street				DATE SIGNE
ACTUAL SIGNATURE	hulp t	ren	uar-	MD	The Clini	ical Cen	ter		8-	16-60
	. /				National	Institu	tes of	Health		
PHYSICIAN'S NAME (Type)	Philip Fire	nan, M.	D.		Bethesda	14. Mar	vland			
2a. BURIAL, CREMAT	ION, 226. DATE THEREC	OF 2	22c. NAME OF CEMETE	RY OR CR			V (City, town, o	r county)	/5	tate)
REMOVAL Speci	Mt 8/19/60		St. Brid							
3. FUNERAL DIRECTO					240 056	Chesh	the same of the same of the same of	Conne		ut
	eler Fune:	ral Ho	ome=1331.	E, N	anto Asre	2			7 -	
			Rockvi	TTE.	Md DATE	AUG 19'6	UI C	Irling S.	Tiraus	

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Payrs after death. Page 4 may be retained by the hospital or attended by the hospital or attended by the physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFIC	CATE	OF	DE	ATH

09332

	LACE OF DEATH				USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti		before admission)
	Montgome	ry	MARY		Maryland			ST /	Jaryo
	RURAL and give n	If outside corporate limits, we express town) (Rural)	c. LENGTH OF STAY 5 hours		c. CITY OR TOWN		orote limits, write f	RURAL ond gr	ve negrest town)
d	NAME OF HOSPI	TAL (If not in hospitol, give s			d. STREET ADDRESS		A.	9x-	e. IS RESIDENCE ON A FARM?
_								01	YES NO D
D	IAME OF DECEASED Type or print)	Joyc	e Ann		NEHL	4. DATE OF DEATH	AUG	UST	18 1960
5. SI	Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	MAN .	8-17-60		9. AGE (in years lost birthdoy) yrs.	Months E	YEAR IF UNDER 24 HR. Days Hours Min.
10a.	USUAL OCCUPATI during most of wor Child		10b. KIND OF BUSINESS O	R INDUSTRY		rote or foreign o	country)		S.A.
3. F	ATHER'S NAME			14	. MOTHER'S MAIDE	N NAME			
/	Robert J	. NEHL			Sharon	E. ROBI	Inson		
	NO NO	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service		Rober		L, Same	Ha	dress	
	Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate (Neonata	al (Itelee	tasi			ONSET AND DEATH
CATION	PART II. OT	HER SIGNIFICANT CONDITI	ons contributing to be	ATH BUT NOT	RELATED TO THE TE	ERMINAL DISEAS	SE CONDITION GI	VEN IN PART	1(o) 19. WAS AUTOPS' PERFORMED? YES NO
O	OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury	in Port I or Po	rt 11 of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while by work of work		OF INJURY (Home, street, office bldg.,		y or town)	(Co	ounty) (Stot
	21. I certify that (I) (this haspital) attended the deceased fram 8-18- 1960, ta 8-18- 1960, that (I) (we) la saw the deceased alive an 8-18- 1960, and that death accurred at 7:404 mm the causes and an the date stated above								
	Fred W Orello				ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYSX	8-18	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type). Fred W	. GRELLO			U.S. Na	val Hos	spital, B	ethesd	a,Md.
23a.	BURIAL, CREMATION REMOVAL (Specify Burial	8-18-60	23c. NAME OF CEM Holy Fa		EMATORY		TION (City, town,		(Stote) aryland
24. F	TYSON W	HEELER FUNERA	L HOME, ROCKVI	LLE, MD		REC'D BY REGIS		ISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: Transport of the feath certificate be executed within 24 hours may be retained by the hospital or attending prysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in loy page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

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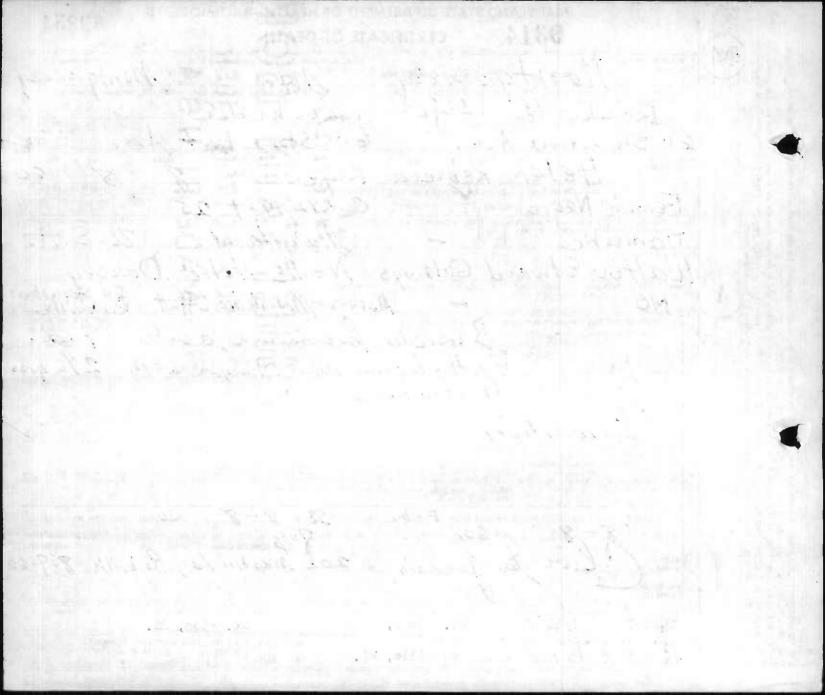
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

9392 CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decoded lived. If institution Residence before admission) b. COUNTY b. COUNTY MONTO WEVU
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Beneficial and give nearest town)
d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION OR INSTITUTION OR A PARTY YES NOT
3. NAME OF DECEASED (Type or print) Wavy Josephine Nigent OF DEATH AUDUST 28, 1960
S. S. D. ACE (In Copre of Race White Widowed Divorced Dec. 2, 1916, 9. AGE (In Copre of Significant) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCOUNTRY 12. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 13. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 13. CITIZEN OF WHATCOUNTRY 13. AIRTHPLACE (State or foreign country) 14. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRTHPLACE (State or foreign country) 15. CITIZEN OF WHATCOUNTRY 15. AIRT
13. FARHER'S NAME O H. Travers. 14. MOTHER'S MAIDEN NAME O MC CANNY MARY ANNE MC CANNY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (1891, give wor or dolles of service) Nove. MRS. LOYNE LANGUE Address Of Reythoury Bethesday
18. CAUSE OF DEATH [Enter only one cause for line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WILLS
Conditions, if any, which (b) Gastrointestinal Nemorrhage IS Mins
lying couse lost. Couse (a), stating the under Due to Thrombocytopenic burbura 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELEVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPEY PERFORMED? PERFORMED? YES DOB 20a. ACCIDENT WAS UNDERLYING DOB CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CAUSE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote
Hour a. m. p. m. 19 While at work at work to tactory, street, office bidg., etc.)
21. I certify that (I) (this hearital) attended the deceased fram. 1000, 1900, that (I) (we) las say the deceased glive and 1000, and that death accurred at 3000, fram the couses and an the date stated above 220, DATE
M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D
BRANTING EL GRAY - JR, MD 4140 CHEUY CHASE DR, MATHEMEDE 230. BURIAL, CREMATORY 23d. QCATION (City, town, or county) (Signal)
Burial August 30,1960 Presbyterian Cemetery Alexandria, Virginia. 24 FUNERAL DIRECTOR'S SIGNATURE . ADDRESS 20 S. Washington 500 FC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
John W. Mynt Alexandria, Va. DATE AUG 31 '60 Orthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	9.	393	T.			OF DEATH	MORE 1,	MARYLAND	()	933	5
1.	Montgome	rv		MARYLA		USUAL RESIDENCE (Who o. STATE	ere deceas	ed lived. If institution b. COUNTY	on: Residence	e before de	rges
		(If outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside carp	orate limits, write R	URAL and g	ive neares	tawn)
	Bethesda			272 days		Hyattsvil	le	165	7-		
		tTAL (If not in haspital, (give street	address)//		d. STREET ADDRESS					S RESIDENCE
	The Clini					1/16 Queb		reet		Y	ES NO
	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	. A		Day	Yeor
S. 5	(Type or print)	Alvina	7	Marie		Parise	DEATH	9. AGE (In years	-	JO .	19 60 UNDER 24 HRS.
5. :				RIED NEVER MARRIED		DATE OF BIRTH	202	lost birthday)			ours Min.
100	Female	White	WIDOW	ED DIVORCED [923	36 yrs.	12 CITI	ZENI OE W	HAT COUNTRY?
	Housewife	rking life, even if retired	done roo.	None	The Ca	Iowa		coomy		J.S.A	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
	Cornelius	Moermond				Marie Ove					
15. (Ye:	WAS DECEASED EV	ER IN U. S. ARMED FOI	service)			RMANT The Med					
	No			Unavailable	The	Clinical Ce	enter,	, NIH, Bet	thesda	, Ma	ryland
	177	ATH [Enter only one co		The state of the s			M. 1				AL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (Br	ain abscess			3710				weeks
	ac (11)	DUE TO	-								
	Conditions, if		Pse	eudomonas se	ptic	emia				2 .	weeks
	couse (o), stating	the under-		dgkin's Dise	ase				9.54	3 :	years
CATION	PART II. O	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES MO
CERTIFI	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in I	Part I or Pa	ort II of item 18.)			
MEDICAL	20c, TIME OF INJU Hour a.m. p. m.	10	While at war	Not while		OF INJURY (Hame, farm y, street, affice bldg., etc		ty or town)	(C	ounty)	(Stote)
				ded the deceased fr 30 $_{\bullet}$ 19.60., and th							
	22a. SIQNATURE	asea alive on all	ust.	DU - 17 DU. r and fr	nar dea	in occurred of	PWIT REOLL	the couses ar	d on the	agre si	22b.DATE
	Uu	ncentff	300	wor.	M.D		ED.			8/30	
	22c. PHYSICIAN'S NAME (Type)	Vincent H.	Bone	o, ør., M.D.		22d. ADDRESS The Bethesda		nical Central	ter, N	IIH,	
230	BURIAL, CREMATI		OF	23c. NAME OF CEMETE		REMATORY A V-(/V)	23d. LOC/	ATION (City, town,	or county)	ND	(Stote)
24.	FUNERAL DIRECTO	R'S SIGNATURE	3603	ADDRESS	نار	2So. REC'	SEP 1		STRAR'S SIC		

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FOR STATE HEALTH DEPT.

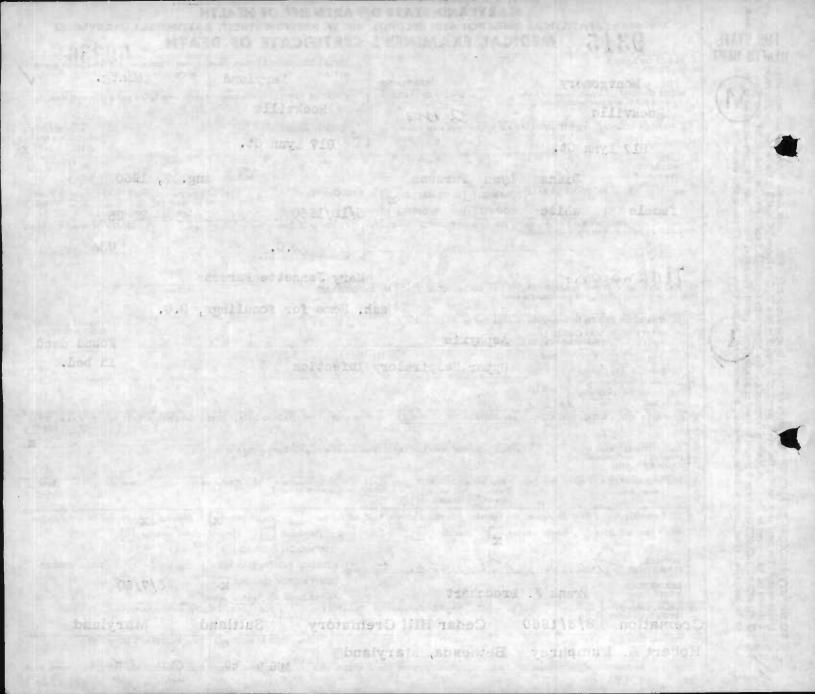
Division of STAT

TO DEPUTY MEDICAL EXAMINER: The Certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial rensit permit. File pages 1 and 2 with the State Board of the or its designated agent, prior to burial, cremation, or remover, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 Nows

	MARY	LAND	STATE D	EPARTM	ENT OF	HEALT	Н	
STICAL	RESEAR	CH AND	RECORDS,	301 W. P	RESTON S'	TREET, I	BALTIMORE 1,	MARYLAND
ME	DICAL	EXA	AINER'S	CERTIF	FICATE	OF D	EATH	00000

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PLACE OF DEATH COUNTY Monta	zomery	MARYLAND	a STATE	CE (Where decessed lived, If it	rstitution: Residence before edu
b. CITY OR TOWN (if write RURAL end Rockvil	oulside corporete limits, give nearast town)	c. LENGTH OF STAY IN 1b	Rockvi	If outside corporete limits, write	RURAL end give neerest lown)
are the state of	AL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	n Ct.	o. IS RESII ON A I
3. NAME OF DECEASED (Typa or print)	ynn Ct. First Diana Lyni	Middle n Parsons	Last	4. DATE Month OF DEATH Aug. 7	Dey Year 1960 19
5. SEX female 100. USUAL OCCUPATION	6. COLOR OR RACE 7. MARR	NEVER MARRIED 8.	5/12/1960	9. AGE (In yeers last birthday)	Months Deys Hours 25
done during most of work	king life, even if retired)	KIND OF BUSINESS OR INDUSTRY	D.C		12. CITIZEN OF WHAT COL
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16		Mary Jannet NFORMANT	te Parsons Address	
PART I. DEATH	DUE TO	phyxia		fondlings, D.C.	interval Betwoods And Dea Found dea
Conditions, if eny, gove rise to immedie (e), steting the uncause last. PART II. OTHER	te cause derlying DUE TO (c)	per Respiratory		nal disease condition give	
PART II. OTHER 20s. EXTERNAL CAI PRIMARY Or CON CAUSE OF DEATH.		CRIBE HOW INJURY OCCURED. (E	nter neture of injury in Per	t I or Pert II of item 18.)	YES NC
20c. TIME OF INJUR Hour e.m.	Y Month, Dey, Yeer 20d Whi	lleNot While fecto	CE OF INJURY (Home, farm bry, street, office bldg., etc.		(County) (Sta
death resulted fr	on: Natural causes	mains described above, hel Accident , Suicio Montheur +		, Undetermined ma	LA
SIGNATURE EXAMINER'S NAME (Type)	Frank J. Bro	schart	DEPUTY MEDICA		3/7/60
220. BURIAL, CREMATION REMOVAL (Spacify) Cremation	8/8/1960	22c. NAME OF CEMETERY OR Cedar Hill Cre	CREMATORY	22d. LOCATION (City, town, Suitland	or country) (Stete) Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY ral director, Page e. STATE b. COUNTY MARYLAND of Hea b. CITY OR TOWN (if outside corporeta fimits write RURAL end give haerast town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) 0 retained State 3 to the fun Middla DECEASED OF the (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers AF UNDER 1 YEAR | IF UNDER 24 HRS. may 1, 2, and 3 age 5 may and 2 wit last birthday | Months | WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, evan if retired) in pencil in Item 18. Give Pages pages 13. FATHER'S NAME ER'S MAIDEN NAME Mary form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address (Yas, no, or unkown) | (Ifyes giva war or dates of service) Office along with e should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), .F.5 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) DUE TO burial Conditions, if eny, which geva rise to immadiata cause "pending" execute the cartificate, writing the word "pending" id be forwarded to the Chief Medical Examiner's VERAL DIRECTOR: Page 3 should be used as a DUE TO (e), stating the undarlying cause lest. cremation. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 1 agent, death resulted from: Natural causes V Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) 22c. CEMETERY OR CREMATORY REMOVAL (Specific \$40 240. REC'D BY REGISTRAR | 2/6. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO A

Days

(County)

Cothing S. Kraus

DATEALIG 9

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

(Steta)

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be retained by the hospital or attending sizion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

after death. Page 4

aw requires that the death certificate be executed within 24 hai TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A1S (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY Montgomer	У		MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceosed	b. COUNTY	on: Residence		dmission)
b. CITY OR TOWN (I RURAL ond give no Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring									
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,		d days oddress) nesda 14. Mo	1	d. STREET ADDRESS		most An	L # 7	0	RESIDENCE ON A FARM?
3. NAME OF	Fi.			4.0		4. DATE	-			
DECEASED (Type or print)	Caro	_	Ann Ann		Persun	OF DEATH	Augu	st	26	19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	DI	B. DATE OF BIRTH		9. AGE (In years last birthdoy)			INDER 24 HRS.
Female	White	WIDOW	ED DIVORCED		April 17, 19	954	6 yrs.	MOUITIS	Days Ho	ours Min.
10a. USUAL OCCUPATION	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. CITI2	ZEN OF WH	AT COUNTRY?
Child	king life, even if retired)	None		Maryla	and			U.S.	A .
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
Emil M. Pe	rsun				Eutha Mae	Pumph	rev			
AS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT The Med			ress		
No.	(If yes, give war or dates of	service)	None	Th	e Clinical Ce			71.	Marvl	and
	TH [Enter only one co	use per li	ne for (o), (b), and (c).		V de del Ado Wal-	STIDEL 9	Deoread			L BETWEEN
	TH WAS CAUSED BY:	(Cystic Fibro	ารา์ร					ONSET	Years:
For	IMMEDIATE CAUSE (1)	0,0020 1201	7020					0	TCOLD.
38%	3 DUE TO)								
Conditions, if o)(
couse (o), stoting										
lying couse lost.) (0	=)								
PART II. OTH	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	E CONDITION GI	VEN IN PART	PE	VAS AUTOPSY ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED). (Enter noture of injury in	Port I or Par	t II of item 18.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. I While at war	Not while		CE OF INJURY (Home, farn tory, street, office bldg., etc		or town)	(C	County)	(Stote)
21. I certify the	ıt (1) (this haspita	l) attend	ded the deceased	fram	August 22 . 19	60, ta_	August	26, 19_6	O, that	(I) (we) last
saw the decea	sed alive an Au	gust	26 19 60 and	that d	eath accurred at 7:1	LQA from	the causes ar	nd an the	date sto	ted abave.
220. SIGNATURE	10	ep-a	The state of the s	TITOL G			7110 000000 01			22b. DATE
- Cu	COM TU	ar	cs-		M.D. ATTENDING M	AED.	STAFF PHYS.		8	/26/60
22c. PHYSICIAN'S NAME (Type)	Hugh Evans	s, M.	D.		22d. ADDRESS The Institute	clin	ical Cen Healthm	ter, N Bethes	ation	al . Md.
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL			23c. NAME OF CEME		R CREMATORY	23d. LOCA	TION (City, town, E GEORGE	or county)		(State)
24. FUNERAL DIRECTOR XALMBU	S SENMENTEY	ENC	ASOTEVER :	SPRI	110 9 110 0	D BY REGIST	0	ISTRAR'S SIC		
7					- AU	W W U		Advert A.	The state of the s	

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th certificate be executed within 24 hours ofter death. Page 4	ding physician and campletely filled in the funeral director,
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STATE OF	- E
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1 2	70	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4	9283 CERTIFICATE OF DEATH Reg. Dist. No.
director, filed with	M	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY prince Georges
funeral		b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest town) Takoma Park c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
7 show	75	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1. San and Hosp. d. Street ADDRESS 630 Sheridan Street VES NO
illed in	10	3. NAME OF DECEASED (Type or print) Frances. Marian Phares 4. DATE Month Day Year DEATH all g 20 1960
s. Pag	P.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years list birthday) Months Days Hours Min. 7. MARRIED Never MARRIED B. DATE OF BIRTH 19. AGE (In years list under 1 YEAR IF UNDER 24 HRS. 10. Months Days Hours Min.
and camp san paper	'	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RefiredSecrestili. Hosp 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Derworth Ma. 12. CITIZEN OF WHAT COUNTRY Amer.
cort		13. FATHER'S NAME Vanda Johnson.
ng physical remave 72 haurs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IN IN
attendii in please t within		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE (o) CEED FOIL HOWOTT LAGE [IMME
d by the nit. The		conditions, if any, which Due to Hypertensive Heart Disease 10 years
ion. en signe nsit per		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)
ng icia e has oeen burial-transi remaval, an	Λ	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE
ificate the bu	U	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert r use as		Zoc. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo
e hospil t: After iched fa		21. I certify that I attended the deceased from Mar 29, 19 5 to 7 to 20, 19 6 that I last saw the deceased alive an 19 20, 19 60 and that death occurred at 1 7 M, from the causes and an the date stated above
RECTOR be deto iar to b		ACTUAL SIGNATURE M.D. 10620 Geors 19 Gey Huy W 196
RAL DI shauld strar pr		PHYSICIAN'S GEORGE L' TSall Scluer Spring Und
may be reta O FUNERAL page 3 shaw the registrar	0	220. BURIAL, CREMATION, 22b. DATE MEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 8/23/60 Cedar Hill Cemetery Prince Georges County, Md.
VS A15 (4) 15M 10/57	B	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH Grant State Department of Health GERTIFICATE OF DEATH

1	PLACE OF DEATH			2 HIGHAL DEGI	DENCE /W/h	are decease	d lived. If institution	on. Residen	ce befor	e admiss	ion)
	Montgomery	7	MARYLAND	o. STATE		ere decease	b. COUNTY	Montg			ion
-	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	ulside corpo	role limits, write R	URAL ond	give nea	rest town	1)
	Bethesda		90 days	Silver	r Spri	ng					
	d. NAME OF HOSPIT	TAL (If not in hospital, give stre	eet oddress)	d. STREET A	DDRESS					on A	FARM?
7	The Clinic	cal Center, Be	thesda 14, Md.	11708	Idlew	rood S	treet			YES [NO 🌋
	3. NAME OF DECEASED	First	Middle	Las		4. DATE OF	Mon	th	Da	y `	Year
	(Type or print)	Robert	Aloysius	Phelps	s, II	DEATH	Augus	3t	21		19 60
	5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)	Months	1 YEAR Days	Hours	R 24 HRS. Min.
	Male	White WIDO	WED DIVORCED	December	19,	1946	13 yrs.	W.O.IIII's	Days	Hours	Will.
	10o. USUAL OCCUPATIO	ON (Give kind of work done 10 king life, even if retired)	Db. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	or foreign c	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	Student	, , , , , , , , , , , , , , , , , , , ,	None	Was	hingt	on, D	.C.		U.S	.A.	
1	13. FATHER'S NAME			14. MOTHER'S	MAIDEN	IAME					
	Robert A.	Phelps, Sr.		Carol	lyn Br	own					
1	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT The	Medi	cal R	ecord Add	ress			
	No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None T	he Clinic	al Ce	nter.	Bethesda	14.	Mar	vlan	d
	18. CAUSE OF DEA	ATH [Enter only one couse per	r line for (o), (b), and (c).]	Maria Maria						RVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	neumonia						2	day	75
	1204	DUE TO									
	Conditions, if o	ny, which) (b) A	cute Lymphocyti	c Leukem	ia				14	mon	ths
	gove rise to i cause (a), stoting	mmediote DUE TO						1			3
	lying cause lost.	(c)			1000						
	PART II. OTH	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BL	T NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1		AUTOPSY RMED?
	CAT										NO 🐹
	O (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURR	ED. (Enter noture of	of injury in I	Port I or Por	t II of item 18.)			13	74
	20c. TIME OF INJUR Hour o. m.	Y Manth, Day, Year 20d		LACE OF INJURY			or town)	(County)		(Stote)
	Hour o.m.	19 Wh	ile Not while vork of ot work	oclary, street, offic	e blag., erc	1					
		st (I) (this hospital) atte	ended the deceased fram	May 2	3 10	60 10	August	2710 /	50 th	at /IV /	wal last
			t 21 1960 , and that								
1	22o. SIGNATURE	bed diffe dil _stages	Please 17,09. 7 dila mai	deall accorre	ير يو الله ا	avi, iraili	The cooses on	id dil lili		221	L DATE
	R.S	E. Riosel	back	M.D. PHYS.	G MI	ED. RECTOR	STAFF PHYS.		8	-21-	-60
	22c. PHYSICIAN'S NAME (Type)			22d. ADDR			ical Cent	ter.	Nati	onal	
	TRAME (Type)	RICHARD E. R	IESELBACH, M.I	· Inst	tutes	of H	ealth, Be	thes	da 1	4. M	d
-	23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY				TION (City, town,			(Stot	
1	BURIAL (Specify)	8/24/60	GATE OF HEAV	EN CEMETI	ERY	MON	TGOMERY (COUNTY	Y, M	D.	
0	24. FUNERAL DIRECTOR	'S SIGNATURE	SILVER SPRIN	G MD	4	D BY REGIST	TRAR 25b. REGI	STRAR'S SI	GNATU	SE	
1	(Xaymeus	MANDHEN ANC.	SILVER SIKIN	G, MD.	DATE	UG 25	'60	T.TLun	8. Ku	usa	

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No. 18.					
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	or cald a unit Tho	NUE ANVIEL			

VS A15 (4) 1SM 9/5B

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9397	CERTIFICATE OF DEATH	F

09341

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (V o. STATE	Where deceased	lived. If institution b. COUNTY	on: Residence be	0	
RURAL ond give n	If outside corporate limits, write learest town) Bethesda	c. LENGTH OF STAY IN 16 1 day-4hr	c. CITY OR TOWN (III	f outside corpord Germant		URAL ond give r	nearest low	rn)
	TAL (If not in hospitol, give street Suburban		d. STREET ADDRESS		70 WII		ON	SIDENCE A FARM?
224444				None				
3. NAME OF DECEASED (Type or print)	First	Middle P	Lummer	4. DATE OF DEATH	Aug	9.1960	Day)	Year
5. SEX Male	6. COLOR OR RACE 7. MAR COLOTED WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1905	O. AGE (In years lost birthday)	Months Doys	_	-
during most of wor	ON (Give kind of work done 10b. king life, even if retired) ment Operator	State Rd. Co	STRY 11. BIRTHPLACE (Sto	te or foreign cou	untry)	12.CITIZEN	OF WHAT	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Harry	Plummer		Lidie S	Smith				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Gladys I. Pi	lummer/S	Addr	ebove	H.	37.34
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	immediate (Lypertens CONTRIBUTING TO DEATH BUT	Jemo Hen	MINAL DISEASE	CONDITION GIV	EN IN PART I(o)	30 Luks	AUTOPSY ORMED?
□ OR CONTRIBUTING	G CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port	II of item 18.)			NO [
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 20d. I	f -	ACE OF INJURY (Home, fo ctory, street, office bldg., e		or town)	(Count	(Y)	(Stote)
21. I certify the alive on cartual signature Physician's NAME (Type)	at l'attended the decear 1960, 19 1840 E.	sed from S/8/ and that death succession EVERETT	M.D. 9400 (Reus		he couses an		te state	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	PR CREMATORY		ON (City, fown, chersburg		(Sto	ote)
23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	()200 DATAU	C'D BY REGISTR		STRAR'S SIGNAT		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

09342

		1/1	3 . 7 ()											
1. PLACE OF a. COUN	DEATH Ontgo	mery			MAR	YLAND	2. USUAL RESIDENCE OF STATE Kentuc		e deceased	lived. If ins b. COL		Residence	befare ad	missian)
b. CITY O RURAL Bet	R TOWN (I and give no hesda	f outside carpora earest tawn) (Rural	ite limits, writ		GTH OF STAY	Y IN 16	c. CITY OR TOW		side carpo	rate limits, w	rite RURAL	L and give	e negrest i	own)
d. NAME OR INS	OF HOSPIT	AL (If not in hos	pital, give stre				d. STREET ADDR			4	55	X) 0	RESIDENC
3. NAME OF DECEASED (Type or p	D	Donald	First	Norri	Middle		Lost ELL	- 1	4. DATE OF DEATH	AUG	Manth UST		Day 10	Year 19 6
5. SEX Male		6. COLOR OR			DIVORCE		DATE OF BIRTH	r 19	15	9. AGE (In y			YEAR IF U	NDER 24 H
during_n	OCCUPATIOn ast of work	ON (Give kind af king life, even if	wark dane 1 retired)	0b. KIND O	F BUSINESS (OR INDUST	RY 11. BIRTHPLACE Kentuc		r fareign co	ountry)	1		S.A.	AT COUNT
13. FATHER'S		POWELL					14. MOTHER'S MAI							
	CEASED EVE	R IN U. S. ARME (If yes, give wor or d WWII KO	lates of service)	16. SOCIAL	SECURITY NO		ORMANT . Wirgini			44.81	Address B Giv	ren L	exina	zton.
Candi	tians, if a	ny, which) mmediate (ane cause pe D BY:	Hode), (b), gnd (c)):Scas						INTERVA	BETWEEN
Canding gave cause (lying c	tians, if a rise ta i (a), stating cause last.	ny, which mmediate the under-	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c)	Hode	z Kim	SI	OT RELATED TO THE						(a) 19. W	AS AUTOF
Canding gave cause (lying c OR CON (IF EITHE	tians, if a rise ta i (a), stating cause last. CIDENT W.	ny, which mmediate the under-	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c) T CONDITION DEATH	Hode	UTING TO DE	EATH BUT N):Scad	TERMIN	AL DISEAS	E CONDITION	N GIVEN II		(a) 19. W	AS AUTOP
Candil gave cause (lying c OR CON (IF EITHE THE THE THE THE THE THE THE THE THE	tians, if a rise ta i (a), stating cause last. PART II. OTH CIDENT WATRIBUTING ER, NOTIFY E OF INJURATURE. p. m.	NTH WAS CAUSE IMMEDIATE CA D Ny, which mediate the under. HER SIGNIFICAN AS UNDERLYING G CAUSE OF D MEDICAL EXAM NY Manth, Da	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c) T CONDITION DEATH 20b. E 19 41	NS CONTRIB DESCRIBE HO d. INJURY Contile Nowark at	UTING TO DI	EATH BUT N OCCURRED. 20e. PLAC	NOT RELATED TO THE	e, farm,	art I ar Pari	E CONDITION It II af item 16 ar tawn)	n given II		(a) 19. W	AS AUTOP
Candiling ave cause (lying c OR CON (IF EITHE 20c. TIMI Ho	tians, if a rise ta i (a), stating cause last. PART II. OTH CIDENT WATRIBUTING ER, NOTIFY E OF INJUR D. m. ertify the	ny, which mmediate the under-	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c) T CONDITION 19 20b. [C] Wh 19 after	DESCRIBE HO	UTING TO DE	EATH BUT NOCCURRED.	NOT RELATED TO THE	e, farm, g., etc.)	20f. (City	E CONDITION I II af item 18 ar tawn)	n Given II B.)	(Cau	(a) 19. W PE YE	AS AUTOPREORMED (St.
Canding gave cause (lying c CON CON (IF EITHE 20c. TIMI Ho	PART I. DEA tians, if a rise ta i (a), stating cause last. PART II. OTH VITRIBUTING EFF INJUR D. m. ertify the de decea GNATUR XYSICIAN'S	TH WAS CAUSE IMMEDIATE CA	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c) T CONDITION 19 20b. [C] Wh 19 after	DESCRIBE HO	UTING TO DE	EATH BUT NOCCURRED. 20e. PLACE factor d from. 4	NOT RELATED TO THE (Enter nature of injunction of the control of	e, farm, g., etc.)	20f. (City	E CONDITION I II af item 18 ar tawn)	n Given II B.)	(Cau	(a) 19. W PE YE	AS AUTOPREFORMED? (Stotal Line of the decision of the decisio
Canding gave cause (lying c Con	PART I. DEA tians, if a rise ta i (a), stating cause last. PART II. OTH VITRIBUTING E OF INJUR D. m. ertify the decea GNATURE YSICIAN'S ME (Type) Kennet	TH WAS CAUSE IMMEDIATE CA	ane cause pe D BY: USE (a) DUE TO (b) DUE TO (c) T CONDITION 19 20b. [19 30 31 31 31 31 31 31 31 31 31 31 31 31 31	DESCRIBE HOWARK at 19	DOW INJURY CONCERNED on while deceosed to the concerned of the concerned o	EATH BUT NO CCCURRED. 20e. PLACE factor d from. 4 d that de	NOT RELATED TO THE (Enter nature of injunction of the control of	e, farm, g., etc.) 19 C	20f. (City	e CONDITION It II af item 18 If ar tawn) LO Augu the cause	n GIVEN II B.) ust s and o	(Cau	(a) 19. We re yes	AS AUTOPREORMED? (Sto.) (Sto.) (Sto.) 22b. DATE. SIGN

the funeral directar, Then please remove corban popers. Pages 1 and 2 should be filed with may be retained by the haspital ar ottending sizion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

aw requires that the death certificate be executed within 24 ho.

ifter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

09343

Months

e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

ON A FARM?

YES NO TO

Year

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1 and 2 shoul	05
n popers. Pages	, within 72 hours ofter death.
remave carbon popers	vent, within 72

Restaurant owner

Nicholas Preftakes

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

13. FATHER'S NAME

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physician

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burial-transit 20

Board

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the death certificate

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY District of Columbia MARYLAND Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington Bethesda 3 days d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 7008 9th Street. N.W. The Clinical Center. Bethesda lu. Md. DECEASED (Type or print) Preftakes DEATH George Nicholas August 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1892 January 14th, x1896 WIDOWED | DIVORCED T 6813 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Restaurant

The Clinical Center. Bethesda 14. Maryland No mascernainable INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Hemorrhage 5 hrs. IMMEDIATE CAUSE (o) DUE TO Acute Myelogenous Leukemia Conditions, if ony, which mo gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

Greece

Margaretta Dovalis

17. INFORMANT The Medical Record Address

14. MOTHER'S MAIDEN NAME

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Doy, Year foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 19 60 to August 5, 19 60 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from August 2, saw the deceased alive on August 5, 1960 , and that death occurred 6,50am, from the causes and an the date stated above. 22o. SIGNATURE

8/5/60 ATTENDING STAFF PHYS. M.D DIRECTOR [The Clinical Center, National 22c. PHYSICIAN'S

EDWARD E. MORSE, M.D. Institutes of Health. Bethesda lh. Md.

23b. DATE THEREOF 23d. LOCATION (City, town, or county) 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stote) 8/8/60 FT. LINCOLN CEMETERY PRINCE COUNTY, MARYLAND

25g. REC'D BY REGISTRAR SILVER SPRING, Orthur S. Kraus DATE AUG 9

FUNERAL DIRECTOR: poge the St 10 VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24

VS A15 (4) 15M 10/57

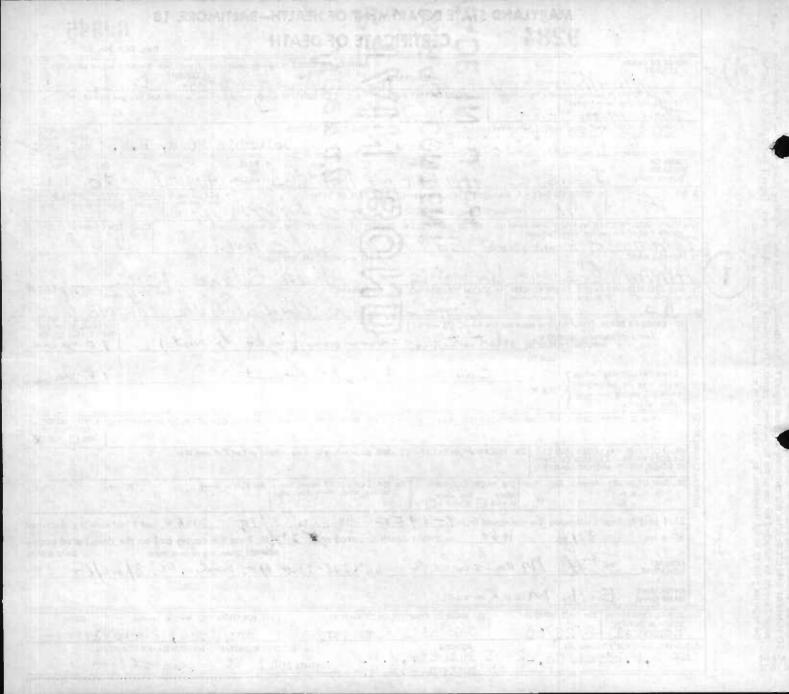
ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9284 **CERTIFICATE OF DEATH**

09345

Reg. Dist. No.

	1. [o. COUNTY			2. USUAL RESIDENCE	(Where deceased lived. If i		before odmission)
		14071901	77 61-4	MARYLAND	Wa	5/11779th	DINTY D.	C. V
	t	b. CITY OR TOWN (If outside corporo RURAL and give nearestrown)	te limits, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv	re nearest town)
		TAKNMA PH	PK 1	Months	Call Mark Ro	7	サウメ	1-3
		d. NAME OF HOSPITAL OF POLIT HOS	ab Te Avenu	10	d. STREET ADDRESS	S	1 12	e. IS RESIDENCE
		PAITS N	11451379	Home	1707	Columbia Ro	ad, N.W	ON A FARM?
		NAME OF	First	Middle	Last	4. DATE	Month -	Day Year
		DECEASED (Type or print)	sip !	MARIA	- R. bbis	OF DEATH ALL	3,157	20 1960
	5. \$	7000	RACE 7. MARRIED N	EVED MADDIED TO	8. DATE OF BIRTH	9. AGE ()6	veors IF UNDER 1	
		FIN	WIDOWED	DIVORCED	4/24	1, col last birth		Days Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of			TRY 11 BIRTHPLACE IS	tote or foreign country)		EN OF WHAT COUNTRY?
	-7	during most of working life, even if	retired)	107.	1 /2	D :	1	1 CA
1	13	FATHER'S NAME	(ex 1777) Pen /2	0110119	14. MOTHER'S MAIDE	E 77 771		,3.71.
1	15.	11in and Dea	00171	6.	IN. MOTHER'S MAIDE	in Name	- 1	
	15	WAS DECEASED EVER IN U. S. ARME	DEORCESS V SOCIALS	ECURITY NO. 17. II	NFORMANT	9 13/9KE	SIEE	MONTA
		s. no pr unknown)		7.	Don't	10	Address 74	ZOMAFIEM
	-	110	110	177 E M	is dille	an J. Mal	LE IARC	MA TAPKI
		18. CAUSE OF DEATH [Enter only		(b), ond (c).]	. /	1. 2 1		INTERVAL BETWEEN
		IMMEDIATE CA		Catri ca	sen ona (ngly viec	4)	10 years.
-		1/0 X 0	OUE TO					
		Conditions, if any, which gove rise to immediate	(b) Car	reen of	nget b	react		15 years.
		couse (o), stoting the under-	OUE TO	/				
	_	lying cause lost.	(c)					
	CERTIFICATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE CONDITIO	ON GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED?
	Y)							YES NO
	ERTIE	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D	EATH	W INJURY OCCURRE). (Enter noture of injury	in Part I or Part II of item	18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMI						
	WEDICAL	20c. TIME OF INJURY Month, Day Hour a.m.	y, Year 20d. INJURY OC While Not	CURRED 20e. PU	CE OF INJURY (Home, f tory, street, office bldg.,	form, 20f. (City or town)	(Co	unty) (Stote)
	ME	p. m.	19 of work of w					
		21. I certify that I attended	the deceased from	9-1952	, 19, to_	8/200 1	960 that (la	st saw the deceased
		alive on 8/19	, 1960	and that death	occurred at	M, from the cou		
		0.1	1			ADDRESS (Street, city or	town, state)	DATE SIGNED
Ξ		ACTUAL	Marken	vod	M.D. 3208-172	+ MM wash	o, DC. 8/:	20/60
		PHYSICIAN'S						
		NAME (Type)	Markwoo	d				
	22o.	BURIAL, CREMATION, 226. DATE TO	HEREOF 22c. NA	ME OF CEMETERY O	CREMATORY	22d. LOCATION (City,	town, or county)	(State)
		Removal (Specify) 8/22	/60 Oal	k Hill C	eme terv	Bradfor	3 70	svlvania
		FUNERAL DIRECTOR'S SIGNATURE	2007 APD	DRESS			REGISTRAR'S SIGN	
	TI	he S.H. Hines Co	02901 1/4	thSt., N.	C DATE	AUG 2 3 '60	arthur 2. 1	Crani



09346

9285 Reg, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside Apporate Himits, write TURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DAT Month Day Year DECEASED OF (Type or print) DEATH 1960 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Days WIDOWED N DIVORCED [yrs. WSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during roost of working life, eventif retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED i 20f. (City or tawn) (County) (State) foctory, street, office bldg., etc.) Not while o. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection N. Inquiry , and find that death resulted from: Natural couses A. Accident , Suicide , Homicide , Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 1-6-60 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL, CREMATION, 122b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) Transportation 8/8/60 IOwa City Iowa 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville, Md arthur S. Henry

VS. A15ME(5) 5M 9/55

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Bethesda, Maryland DATEAUG 3 0'60

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	JUU CERTIFICA	ALE OF DEATH
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Montgomery	o. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest tawn)	C. CIT OK TOWN (If obside corporate limits, write kokat and give neares fown)
7	Chevy Chase	Chevy Chase
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	4807 Chevy Chase Blvd	YES TINOT
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print)	Sach Lis DEATH Aug. 29 1960
ŀ	1,004	
	The most of the state of the st	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) Manths Days Hours Min.
	Female White WIDOWED DIVORCED	Feb. 10, 1909 51 yrs 6 19
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY
	Housewife	Indiana
Ì	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James W. Flack	37-114 3/ 7
1		Nellie M. Jones
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address
	No Yes G	Sus Sachilis-Husband-same 2d
	18. CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) (CLICCINO)	ma survivados agris
	DUE TO	
	Canditions, if any, which gave rise to immediate (b)	
	cause (a), stating the under: DUE TO	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NOCE
	20g ACCIDENT WAS INDEPLYING TO 20h DESCRIBE HOW INTERPLY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	as talled real of a mighty in the first term to the most service.
		LACE OF INJURY (Hame, farm, † 20f. (City or town) (Caunty) (Statectory, street, affice bldg., etc.) !
	Haur a. m. While Nat while fa at wark at wark	
	21. I certify that (1) (this haspital) attended the deceased fram	(lan) 1950, to Cuy 29, 1960, that (1) (We) la
		death accurred at 5 PM, from the causes and an the date stated above
	226. SIGNATURE	ATTENDING MED. STAFF STAFF
	Treet It and	M.D. ATTENDING MED. STAFF PHYS. 8/29/60
	22e-PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Paul D. Cantor	4709 Montg. Lane, Bethesda, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	REMOVAL (Specify)	
	Burial 8/31/60 Nat. Mem. 1	Park Cem. Falls Church , Virginia
	24 FLINEPAL DIPECTOR'S SIGNATURE ADDRESS	250 PECID BY PECISTRAP 256 PECISTRAP'S SIGNATURE

0900

Robert A. Pumphrey

Dw requires that the death certificate be executed within 24 he ifter death. Page 4 sysician.

TO HOSPITAL OR ATTENDING PHYSICIAN: may be retained by the haspitol or attending VR A15 (4) 1SM 9/59

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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delayer necessary, please execute the certificate, writing the ward tring in pencil in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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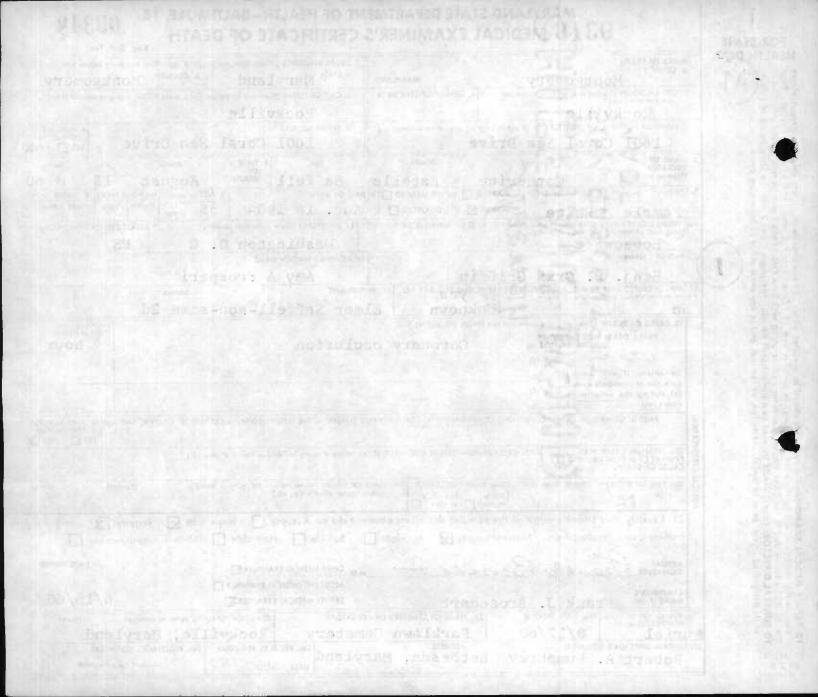
VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09348

Reg. Dist. No.

					The second second				
1. PLACE OF DEATH				O STATE .		b. COUN	rv		
	Montgomery		MARYLAND	Ma	aryland		MOL	itgome	
and give negres! to		to RURAL C.	LENGTH OF STAY IN 16	c. CITY OR TO	DWN (If outside co	orporate limits, write	RURAL and	give nearest t	own)
	kville			// Ro	ockvill	9			
	PITAL OR INSTITUTION		, give street address)	d. STREET ADI					RESIDENCE
	Coral Sea	Drive		10	601 Cor	al Sea I	rive		□ NO 🛣
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mon	th	Doy	Yeor
(Type or print)	Cath	erine	Estelle	Saffe	211 DEATH	Augu	ist	15	19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years less burthday)	-	YEAR IF UN	-
Female	White	WIDOWED 🔀	DIVORCED [Aug. 18	3 1904	55 yrs.	Months [Days Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZ	EN OF WHA	TCOUNTRY
	king life, even if retired) Ewife	193		Wasi	nington	D. C	US	3	
13. FATHER'S NAME	EWILE			14. MOTHER'S MA		D. 0	0.		
Domi	D Goods	Omiffi				ognomi			
Ben J				INFORMANT	ny A Pr				
	EVER IN U. S. ARMED FO		J			Addres			
No	1	Unk	nown	Elmer Sa	tiell-s	on-same	2d		
Conditions, if gove rise to imp (o), stating the couse lost.	nediate couse)	UNITING TO DEATH BUT	NOT RELATED TO THE	RE TEDMINAL DICE	ASE CONDITION OF	WENT INT BARY	Valle was	ANTORCY
CATT				1107 1217120 1011	e ignitive progr	CONDITION OF	VEIV IN CARI		ORMED?
CAUSE OF DEAT	ONTRIBUTING []	0b. DESCRIBE HO	W INJURY OCCURRED.	(Enter noture of injur	y in Port I or Port	Il of item 18.)			
20c. TIME OF IN.	n,	While _	RY OCCURRED 20e. PL Not while for ot work	ACE OF INJURY (Hor closy, street, office bl	ne, form, 20f. (C dg., etc.)	ity or town)	(Cour	nty)	(Stote)
	that I took charge h resulted from:				_		, Inquiry ermined m	_	nd in my
ACTUAL SIGNATURE	Transf.	Bron	hart	M.D.	HCAL EXAMINER	MAN		DATE	SIGNED
EXAMINER'S NAME (Type)	Frank J.				MEDICAL EXAMINER			8/15/	60
220. BURIAL, CREMAT	ION, 226. DATE THEREC		NAME OF CEMETERY O	R CREMATORY	22d. LOC	ATION (City, town,	or county)	(Sto	ote)
REMOVAL (Speci		50	Parklawn (Cemeterv	Roc	kville.	Marv1	Land	
23. FUNERAL DIRECTO			ADDRESS	2 24	o. REC'D BY REGI		STRAR'S SIGI		1 1
Robert	A. Pumphr	rey Be	thesda, M	aryland	ATE AUG 1	7 '60	Tirihun &	?. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

o. STATE

09349

b. COUNTY

e. IS RESIDENCE ON A FARM?

PERFORMED?

(County)

YES NO V

(Stote)

CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 1b

days

U.S. Navy

MARYLAND

)
W	,

1. PLACE OF DEATH

Montgomery

OR INSTITUTION

RURAL and give negrest town! Bethesda (Rural

U.S. Naval Hospital

during most of working life, even if retired)

Howard SAUNDERS

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the underlying couse lost

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

Caucasian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

1B. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).

DUE TO

DUE TO

Korean

PART I. DEATH WAS CAUSED BY:

Howard

WIDOWED [

o. COUNTY

NAME OF

S. SEX

Male

DECEASED

(Type or print)

U.S. Navy

3. FATHER'S NAME

Yes

funeral uld be fi

puo campletely filled Pages death. ofter papers. pup 72 COL physician = remave attending a by aval permit. gned **burial-transit** crematian, certificate the After this for detached pe

pri ay be retained by the FUNERAL DIRECTOR: by the 0

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) o. m. While Not while ot work ot work 1960 to 8-18-21. I certify that (I) (this haspital) attended the deceased fram. 8-11saw the deceased alive and-18-220. SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BAKER, LT, MC, USN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23by DATE THEREO REMOVAL (Specify) Private Cemetery Burial 8-19-60 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR Chambers Funeral Home 1400 Chapin St., N.W., 1SM 9/59 Washington, D.C.

YES NO General Delivery Middle 4. DATE Month Year 18 Ronzell 19 60 DEATH August SAUNDERS IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y fost birthdoy) Months Days DIVORCED [

yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. West Virginia

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

14. MOTHER'S MAIDEN NAME Mona LEWIS

West Virginia

Big Bend

d. STREET ADDRESS

17. INFORMANT Navy Records

> INTERVAL BETWEEN ONSET AND DEATH

Address

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

160_, that (I) (we) last

, and that death accurred at 8:000 mam the causes and an the date stated above 22b DATE SIGNED 8-18-60

U.S. Naval Hospital, Bethesda, Md.

23d. LOCATION (City, town, or county) Parkersburg, West Va.

25h REGISTRAR'S SIGNATURE

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0900

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09350

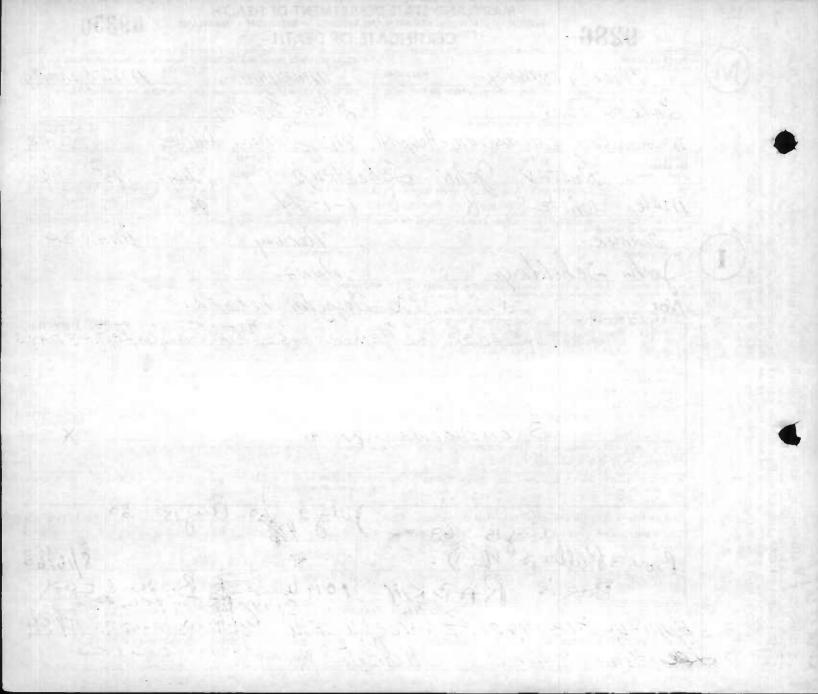
	3200	CERTIFICATE OF DEATH
A	PLACE OF DEATH o. COUNTY A A A A A A A A A A A A A	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	1110N190ME1CY	MARIJANO MONOGENER
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTI RURAL and give nearest town)	(H OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neafest town)
7	JAKOMA FARK	2, luer JPRING
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHING LAW JANITARIUM	E HOSpital 8/10 La HONA DRIVE C. IS RESIDENCE ON A FARM YES NO.
3.	NAME OF DECEASED (Type or print) Sustav John	Middle ScheldRup 4. DATE Month Day Year OF DEATH Coug. 15 196
5.	SEX 6. COLOR OR RACE 7. MARKED NEW	EVER MARRIED B. DATE OF BIRTH DIVORCED DIVORCED DIVORCED Months Days Hours Mi
10	Od. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNT
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Scheldeup	HNNA
1.5	5. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SEC	CURITY NO. 17, INFORMANT Address
	No!	10110 Hospital FELORA
	18. CAUSE OF DEATH [Enter only one couse per line for (o), ((b). ond (c).] RAL HEMCRRHAGE, BASAL GANGLIA, LET 3 DA
	Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying</u> couse lost.	
2 NOTA	Do	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPERFORMED PLES UN ONLA ON ONLA ON ONLA ON ONLA ON ONLA ON ONLA ON ONLA ONLA
CFRTIFI	20- ACCIDENT WAS UNDERLYING TO 20h DESCRIBE HOW	N INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
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3	IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC White Not work of work of work 21. I certify that (I) (this haspital) attended the design of the second of	while ork foctory, street, office bldg., etc.) deceased fram
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nysicion and campletely filled in by the funeral director, nove carbon papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The requires that the death certificate be executed within 24 have may be retained by the hospital or attending faction.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and

er death. Poge 4

VR A15 (4 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director write RURAL and give mearest town) in hospital, giva streat address) e. IS RESIDENCE ON A FARM? State YES NO and 3 to the fu. NAME OF Middle 4. DATE Dev DECEASED OF (Type or print) ould be executed within 24 hours after death. If in pencil in Hem 18. Give Pages 1, 2, and 3 to the fiftee along with form PM3. Page 5 may be to burial-transit permit. File pages 1 and 2 with the burial-transit permit. File pages 1 and 2 with the burial-transit permit. DEATH 19 (ed) 10 5. SEX UNDER 1 YEAR 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 24 HRS. last birthday) Months Devs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) M.S.a (Self-employed) 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 578-07-6403 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) reda. DUE TO Conditions, if eny, which (b) gava rise to immadiate cause in 10 DUE TO rd "pending Examiner" (e), steting the undarlying 88 cause last. should be used cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS lease execute the certificate, writing the should be forwarded to the Chief Med FUNERAL DIRECTOR: Page 3 shou PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. | 20d/INJURY OCCURED | The PLACE OF INJURY (Home, farm, Willa Not While | The Place of the Place 20c. TIME OF INJURY Month, Dey, Yeer (State) Hour a.m. at work et work prior Inquiry N and in my opinion agent, Suicide V death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 g PRINCE GEO. COUNTY. MARYLAND BURIAL 18/13/60 CEDAR HILL CEMETERY **EUNERAL DIRECTOR** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS. A15ME arthur S. Kraus DATEAUG 1 6 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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director funeral the by . = filled 0 pup physician certificate attending gned peen

VST TO HOSPITAL OR ATTEN May be retained by the TO FUNERAL DIRECTOR: hula mac apme Scrimgeous

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09353

1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16	
RURAL and give nearest town)	111111111111111111111111111111111111111
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	5801 - 4th N N YES NO TO
3. NAME OF First Middle	71 900 1- 1100 11.00
DECEASED (Type or print) GERTIE	SEGAL DEATH AUG 26 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
WIDOWED DIVORCED	July 24, 1890 70 m.
10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INE during most of working life, even if retired)	DUSTRY 11. BIR (IPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Honse wife	Poland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mordecai Ezer	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas. no. or unknown) (If yes, give wor or dates of service)	INFORMANT PARTY AND ADDRESS ALL TO ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
(1) yes, give not o could be service)	HARRY SEGAL-5-807- 4th St. N.W.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corelino - L	Assular accident Thanks
22 IV DUE TO	7
Canditians, if any, which) (b) arterios	allrosis 20 years
gove rise to immediate DUE TO	
lying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
Diobetes Mellitus. Hen	riplegia left side PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED', (Enter nature of injury in Part I ar Part II of item 18.)
	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State factory, street, affice bldg., etc.)
Haur a.m. P. m. How by the street of wark at	racially, siled, diffice study., sile.)
21. I certify that (I) (this haspital) attended the deceased from	n OC+ 14 1952 to Aug 25, 1960, that (1) (we) last
	t death occurred at 5A.M., from the causes and an the date stated abave
220/SIGNATURE/	and the second s
Samuel H Lellman	M.D. ATTENDING MED. STAFF AUQ & 6, 1960 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) SHMUELAHILLMAN,	MD. 249-MISSOURI AVE. N.W.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	@R-CREMATORY 23d. LOCATION (City, town, or county) (State)
BURIAL AUG. 28, 1960 B'NAI ISA	PHEL CEHETERY OXON HILL MD.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ST 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
B. DANZAWSKY + SONS - 3501-1413	St. N W DAYFUE 3 0 60 arily S. Thomas

VR A15 (4) 15M 9/59

2000 The Dig to the grand was to the motion will be some the transmit Description of the Profession and the State of the State SEEGAL BUILDING DI 19781, 15 WING STORY TO THE TOTAL Wignes of the party of the Market HARRIET SCHALL SCHALL the state of the s The Late of the Control of the Contr

VS A1S (4) 1SM 9/S8

MARYLANI 9303	Item 21 FilmG2	69 8-11-60	te	TIMORE, 1			354	1
PLACE OF DEATH o. COUNTY Mon tg	MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If institution b. COUNTY	n: Residence Mont	e befor	e admis	ision)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goithershure		0		rate limits, write RI	URAL ond g	ive neo	rest tow	m)
d. NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS		tended	1	ľ	ON	A FARM?
NAME OF DECEASED (Type or print) First	Allen	Selby	4. DATE OF DEATH	Aug	th			Yeor 19 6 0
Mole Weite		8. DATE OF BIRTH Jan 14-18		9. AGE (In years lost buthdoy) 75 yrs.	IF UNDER Months	YEAR 21	Hours	T
during most of working life, even if retired) Retired, Carpender 3. FATHER'S NAME **Meward Selby** S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 1 Yes, no, or unknown) [If yes, give war or date of service]	•	Gaithe 14. MOTHER'S MAIDEN Martha	rsbur NAME Reed.	g. Md.	T'the:	S	Aurg	
18. CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	Brownial	Astlinea	NINAL DISEASE	CONDITION GIV	EN IN PART	ONS	er AND	AUTOPSY
200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)				
Hour o. m. Whi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY No. 5							

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

8-8-60 Forest Oak. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Gaithersburg Md

By REGISTRAR 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR AUG 8

Ermest C. Gartner. Gaithersburg. Md.

DATE

arthur S. Kraus

Landy and 35 me y ar so wis and The same and the second state of the second Co Sizo Lun Vels north TA-1085 WE TEN neutrod, Caresonide. . beat adda at . " - error ersettie Lay Mark to see the town Brownial & Times WILLIAM C. MINLER - garther Love, MG Perce & colo. the larger of the farmer of the production of the state of

FUNER page 10

VS A15 (4) 15M 9/55

cremation 23. FUNERAL DIRECTOR'S SIGNATURE

alive on

ACTUAL

NAME (Type

220. BURIAL CREMATION.

REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

and that death accurred

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or lown, state)

365 AM, from the causes and an the date stated above.

Washington Sanitarium and Hospit

at

NO P

(State)

DATE SIGNED

(Stote)

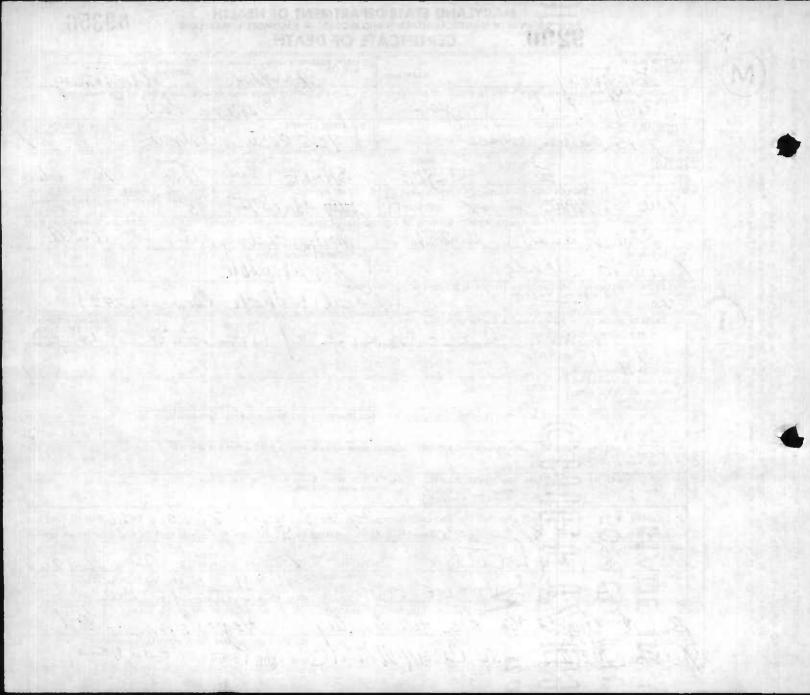
	E DEPARTMENT OF HEALTH—BALT	71.307	
	CERTIFICATE OF DEATH	4026	
	Marie Carlotte Marie Britania		
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10 HOSPITAL OR ATTENDING PHYSICIAN: Now requires that the death certificate be executed within 24 hor offer death. Page 4		irecto	Se page 3 shauld be detached for use as the burial-transit permit. Then please remare carban papers. Pages 1 and 2 should be streat with	N	1
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t tor		y the	The	the State Board of Health prior ta buriol, cremation, or remayol, and in any event, within 72 hours after death.	
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VR 15	A	9/	(4) 59		

ofter death. Page 4

aw requires that the death certificate be executed within 24 hg

M	1. PLACE OF DEATH o. COUNTY (MARYLAND) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marylaga b. COUNTY Marylaga
	b. CITY OR TOWN It outside corporate limits, write c. LENGTH OF STAY IN 1b RUBAL and give mearest town	c. CITY OR TOWN (Houtside carporate limits, write BURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in haspital, give-street address) OR INSTITUTION 70/5 Castura Weeker	1. STREET ADDRESS 7015 Castery allnuc o. IS RESIDENCE ON A FARM? YES \(\) NO [2]
to to	3. NAME OF DECEASED (Type or print) First Middle CLYDE	SHADE 4. DATE Manth Day Year SHADE DEATH aug 10 1960
offer de	S. SEX 6. COLOROR, RACE 7. MARRIED NEVER MARRIED DIVORCED	July 28, 1875 lost birthday Months Days Hours Min.
2 hours	Derthal (Kelling)	MARYLAND O. STATE Maryland Ite limits, write Ite limits, write gurate limits, wri
vithin 72	Heven B. Shade.	14. MOTHER'S MAIDEN NAME THE CENTRAL SHEET
event, v	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dote of service)	Daniel C. Shade, (Dame as #2)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oma of Prostate Interval BETWEEN ONSET AND DEATH
remavol, and	gove rise to immediate cause (a), stating the under-	
crematian, or		PERFORMED?
ol, crem	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
ta buri	Hour o.m. While Not while fo	
th prior	21. I certify that (I) (this haspital) attended the deceased fram.	, - 0
of Health	220. SIGNATURE Officially	ATTENDING MED STAFF () 22b. DATE SIGNED
e Board	22c. PHYSICIAN'S NAME (Type) A B. LITTLE, M.	C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16 C. CITY OR TOWN (Knutide corporate limits, write BURAL and give neorest torg) J. STREET ADDRESS 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Address 70/5 Castury Quantum Control of Street Indicated Address 70/5
poge 3 sr the State	230. BURIAL, CREMATION, 236-DATE THEREOF 230-MAME OF CEMETERY CONTROL (Specify) Club 13,1960 KOSL HILL	emetry Hogerstown Md.
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Kinne



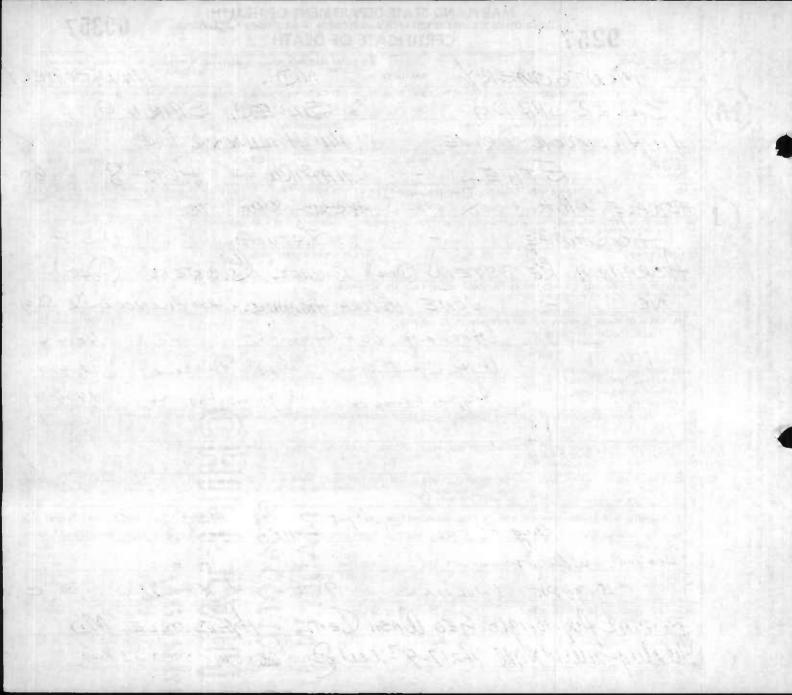
VR A1S (4) 15M 9/59

9257

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09357

	1. PLACE OF DEATH O. COUNTY WOOLTE OME A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 21 SILVER SPRING
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HILLMOOR DRIVE	d. STREET ADDRESS/ 4/1 HILLMOOR DR. 6. IS RESIDENCE ON A FARM? YES NO ID
	3. NAME OF DECEASED (Type or print) ETHEL Middle	SHAPIRO 4. DATE OF DEATH AUG-8- 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH P. AGE: (In years lost birthdoy) P. AGE: (In years lost birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.
	HBRAHAM REIBSTEIN DEC	14. MODITER'S MAIDEN NAME (DEC)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or doles of service) (If yes, give wer or doles of service)	WORA AMANUEL - 411- HILLMOOR DR. SSAG
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Occlusion Interval Between ONSET and DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stoting the under: DUE TO DUE TO DUE TO	vice That Dissone 10 yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
-	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
9		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
		death accurred at/LPM, from the causes and on the date stated above.
1	220. SIGNATURE Store Shifmen 22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
	NAME (Type) LS (DO PIE SHULMAN	915-1906 17. NW. D.C
	23a. BURIAL CREMATION, 23H DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL STORY OF CEMETERY OF CO. WAS	H. LEM. HYATSVILLE, MD.
1	The divineral director's pignature Home 4-217-92	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 1 0 '60 Cultury S. Krous



VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1
1/00			

M

09358

	UIU	CERT	IFICATI	E OF DEATI			Reg. Dist.	No.	
PLACE OF DEATH	Mantagana	MAR		USUAL RESIDENCE (WO. STATE		l lived. If institution b. COUNTY		before admiss	
b. CITY OR TOWN (If RURAL ond give neo		THE CHILLEN		c. CITY OR TOWN (If	outside corpo				
d. NAME OF HOSPITA OR INSTITUTION	Bethesda Il (If nat in haspital, give	street address)	ays	d. STREET ADDRESS	oma Pa				FARM?
NAME OF DECEASED (Type or print)	Subur	Middl		8600 Glenv:	4. DATE OF DEATH	Mon	1h	,	Yeor 19 60
SEX	V	· MARRIED NEVER MARR	RIED 8. D.	ATE OF BIRTH	1 1	9. AGE (In years last birthday)	Months Do	EAR IF UNDE	
during most of worki	ng life, even if refired)	None	OR INDUSTRY		or foreign co	ountry)	12. CITIZEN	U.S.A	
FATHER'S NAME	8	110112	14	. MOTHER'S MAIDEN	NAME -			UADAZ	
	TNU. S. ARMED FORCE Fyes, give war or dates of servi			RMANT	Steff	Add	ress 860	O-Gle Avenu	
Conditions, if on gove rise to im couse (a), stoting to lying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO y, which (b)_ Imediate (c)_ C(c)_		us ru arteriu	pture of cosis		4	· y	5 da	ys own
/	Hypertens		The common day				/EN IN PART 1(19. WAS PERFO YES N	AUTOPS'
20g. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I ar Part	Il of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED While Nat while ot work ot wark		OF INJURY (Home, form street, office bldg., etc		ar town)	(Cau	nty)	(State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ere Shar	lays	it death ac	curred at 7.30 10511-Su Kensing 10511-Su Kensing	Appress (S) ton, mmit	the causes and repticity ar tawn, Md. — Ave.,	state) _Aug_	late stated	
BURTAL		60 CEDAR		EMETERY	22d. LOCAT	UITLAND	or county) MAR	(Stot YLAND	e)
Mortin W	Hysong 6	ADDRESS W	St. W.	of the	D BY REGIST		STRAR'S SIGN	ATURE	

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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: IN sertificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit He Tages 1 and 2 with the State Boar of the along or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH (19359
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
menti in maryland	a. STATE b. COUNTY
b. CITY OR TOWN (if outside forporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nerest town)
write RURAL and give negrest town)	De pe
Chery Charl Lyn	Chly Charl
d. NAME OF HOSPUAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
880 James mill Ref	1 8801 Jones Mel Rd YES NOW
3. NAME OF First , Middle	Last DATE Month Dey Year
(Type or print) USIPIE	10 12000 DEATH Com 19 19 Cod
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS.
male 12 hit. WIDOWED DIVORCED DI	9-17-1071 lest birthdey) Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2/ 5 /	14. MOTHER S MAIDER NAME
momen Sheeron	Lowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgiva war or dates of service)	INFORMANT Address
No Yes ma	Eren Shearm (wit) Ilun 2
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (e) COMON	Schuren Sand deal
DUE TO	and had
Conditions, if any, which \ (b)	
geve rise to immediate couse	
(a), stating the underlying DUE TO	
causa last, (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE SIGNIFICANT CONTRIBUTIONS CONTRIBU	PERFORMED?
5 tastery of previous cor	many decease YES NO IN
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED. (I	Enter nature of Injury In Part I or Part II of Itam 18.)
	ACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (Stafe)
Hour e.m. While Not While at work et work	fory, steel, office bidg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suic	
A Maria Course La Maria Course	CHIEF MEDICAL EXAMINER [7]
ACTUAL A A BANGA	
SIGNATURE SIGNATURE	M.D.
EXAMINER'S MILLIOT PLANTS T	DEPUTY MEDICAL EXAMINER 8 - 19-60
NAME (Type) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address (Street, city, fown, or county) R CREMATORY 22d. LOCATION (City, fown, or country) (Stete)
REMOVAL (Specify)	A. + CALIFORNICITY (CITY, TOWN, OF COUNTY)
Cremation 20 aug 1960. Cedar Nice	Clemalmy Suitland & Sio mo.
ADDRESS ADDRESS	24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Talut A Tumphrus 2557 clise are Su	oth me DATE AUG 23'60 Calling & House

BODE WILLIAM BEST CHATTER AND FORDER A THE THE THE PARTY OF THE PART ow requires that the death certificate be executed within 24 h

ofter death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: 12-low requires that the death certificate be executed within 24 for other death. Page 4 second by the hospital or otherding hysician.	ecto	d wit	
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15M	16)/5	7

1	9403	CERTIFIC/	ATE OF DEATH	1—BALIIMOKE, T	(1936() Reg. Dist. No.			
1	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WE g. STATE Maryla:	nere deceased lived. If institution	n: Residence before admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RUISVILLE	IRAL and give nearest town)			
)	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION The Clinical Center, Bet		d. STREET ADDRESS 5815 33rd	Place	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) Florence	Middle Rose	Sielsch	4. DATE Month OF DEATH Augus	st 19, 1960			
	5. SEX 6. COLOR OR RACE 7. MAR WIDOW	/ED DIVORCED	B. DATE OF BIRTH December 30,	1952 last birthdoy) 7 yrs.	Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Student) 13 FATHER'S NAME	None	District o	f Columbia	U. S. A.			
	Edward Sielsch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. or unknown] (If yes, give wor or doles of service) no			nyder ical Record Addre nter, Bethesda				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus IMMEDIATE CAUSE (a)						
	Canditions, if ony, which gave rise to immediate couse (a), stotling like under-	ute Lymphocyti	c Leukemia		16 Months			
	PART II. OTHER SIGNIFICANT CONDITIONS. PART II. OTHER SIGNIFICANT CONDITIONS. 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH U [IF EITHER, NOTIFY MEDICAL EXAMINER]	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)				
	Hour o.m. While		ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	, 20f. (City or tawn)	(County) (State)			
	21. I certify that I attended the decease of the on August 19 19. ACTUAL SIGNATURE R. E. Suesellie PHYSICIAN'S RICHARD E. RIES	60,, and that death	occurred at 11:35 M.D. The Clin: National		nd on the date stated above tate) DATE SIGNE 8-20-60			
	226. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) August 24, 196		Cemetery	22d. LOCATION (City, town, or Robeson Twn.	Berks Co. Penna.			
	23. FUNERAL DIRECTOR'S SIGNATURE John Edin Mohin	Birdsboro, F	lenne		TRAR'S SIGNATURE			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A1S (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

929 Sivision of Statistical Research and Records — Baltimore 1, Maryland

CERTIFICATE OF DEATH

09361

	1. PLACE OF DEATH COUNTY MO n + CO. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
	Takoma rayk 6 days	Whenton
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
)	Washington Janitarium + Hospita	11900 Valleywood Dr. YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Yeor
	(Type or print) James William)	imons DEATH Clugust 20 1960
	AA - /	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
	VIALE WIDOWED DIVORCED	Sept. 23, 1814 80 yrs.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
1	13. FATHER'S NAME	ting Virginia U.S.A.
	Mulle St.	M 11. M 1.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	VFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	1 - 11 1 D - 1
- 1	NO	tospital Necords
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	majim &
	T d O DUE TO	
	Conditions, if ony, which gove rise to immediate (b)	
	couse (o), stoting the <u>under.</u> Lying couse lost.	
2	(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONCERNS	PERFORMED?
		D. (Enter noture of injury in Port I or Port II of item 18.)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
9	Hour o. m. P. m. 19 While Not while of work of work	ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram	4 14 19 60 to 4 20 19 60, that (1) (we) last
	saw the deceased alive on SIDU 1960, and that d	
1	220. SIGNATURE	22b.DATE
1	Orthung, What's	M.D. PHYS. MED. MED. STAFF PHYS. ATTENDING MED. SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	(1)	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (6tote)
	Durial 8/22/60 Prospect H	illametery Front Ovyal, Va
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Wadded Funeral Home, Front Opy	tal da DATE AUG 23'60 Crithur 8. Knows
	R.a. Robertshow	

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CERTIFICATE OF DEATH

09362

o. COUNTY	ntgomery		MARYLAI	2. I	usual residence (w	here decease	b. COUN	ITV	ontgom		an)
	(If autside carporate limits nearest tawn)	s, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o	outside corp	orote limits, wri	te RURAL	ond give nec	arest town))
OR INSTITUTIO	PITAL (If not in hospitol, given the state of the state o	ve street o	oddress)	()	d. STREET ADDRESS 802 Cameror	Stre	et /			e. IS RESI ON A YES	DENCE FARM? NO K
3. NAME OF DECEASED (Type or print)	BENJAN		Middle		SINGER	4. DATE OF DEATH		Month t 10	0	-/	rear 9 60
s. sex	2007 0 1	7. MARRII	ED NEYER MARRIED DIVORCED		ugust 11,	1891	9. AGE (In ye last birthdo		NDER 1 YEAR	Hours	R 24 HRS Min.
Oa. USUAL OCCUPA during most of w Milline	TION (Give kind of work dorking life, even if retired)	ane 10b. K	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote Poland	ar foreign	country)	12	2. CITIZEN OI	SA	OUNTRY
3. FATHER'S NAME Philip	Singer			14	. MOTHER'S MAIDEN	NAME					
	VER IN U. S. ARMED FORC		SOCIAL SECURITY NO.	Mrs.	Gertrude I	Eisens		Address 02 Ca	ameron	St.S	SS,MO
/53	PEATH [Enter only one counter the counter of the co	C		2 the	Colon in	the	retest	ases	INT	SET AND	DEATH
Conditions, it gave rise to cause (a), statilying cause lo	DUE TO ony, which immediate to bus to get the under. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	C	incer of						ON	19. WAS A PERFO	AUTOPSY RMED?
PART I. C Conditions, it gave rise to cause (a), stati lying cause lo PART II. (20a. ACCIDENT OR CONTRIBUTI	DUE TO Ony, which immediate (b). THER SIGNIFICANT CONE DUE TO (c)	C _p	incer of	BUT NOT	RELATED TO THE TERM	IINAL DISEA	se condition	GIVEN IN	ON	19. WAS A	AUTOPSY RMED?
Conditions, if gave rise to couse (a), statilying cause lo	DUE TO ONY, which immediate (b). The significant Cone WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yea n.	DITIONS CO 20b. DESC r 20d. IN While	ONTRIBUTING TO DEATH	JRRED. (Er	RELATED TO THE TERM	Port I or Po	SE CONDITION ort II of item 18.	GIVEN IN	ON	19. WAS A PERFOYES T	AUTOPSY RMED?

the attending physician ond completely filled in by the funeral director, Then please remove carbon popers. Pages 1 and 2 shauld be filed with may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and the State Board of Health priar to burial, cremation, or remayal, and in any event, within 22 haurs after death. Jaw requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN

VR A15 (4) 15M 9/59

after death. Page 4

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	ne paleonia a presidente. Personalita e cario estrato		
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	NAME OF TAXABLE PARTY.		
	THE POWER COME TOURS OF	ELECTOR 1	

STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: A certificate should be executed within 24 hours after death. If an elessary, please execute the certificate, writing the word "pending" in pendi in fem 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with the Trins, Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any elementhing 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division 32 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1/00000
• 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be ore admission)
	e. COUNTY MARYLAND	a. STATE b. COUNTY P 9
-	b. CITY OR TOWN (if outside corporate lights, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown)
	write RURAL and give neerest town)	C. CITTOR TO WITH (II outside corporate limits, write RORAL and give hears fown)
	Takake tack & A	College Paux 1671.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
4	11/ 10 - 11	ON A FARM?
1	Wash San + Host	7-318 Jaraid St YES NOW
3.	NAME OF First Middle	Lesi 4. DATE Month Day Year
	(Type or print)	1 DEATH 8 - 5 (61) 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	A NEVER MARKIED NEVER MARKIED	lest birthdey) Months Deys Hours Min.
	Male WIDOWED DIVORCED	2-16-1891 69 yrs.
	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de	and during most of working life, even if retired)	1100 0100
- 12	FAMILER'S NAME	10107, 10107 HAIDENAME
13	FAMILER'S NAME	14. MOTHER'S MAIDEN NAME
	I games aramer	Elizabeth O'near
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address of A
(Y	as, no, or untown) (Ifyesgivewarordalasofservica)	Charles the state and
-	no -	year 1 speamore congruence ing
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (6) COTONALY OCI	elusion sudden
	IMMEDIATE CAOSE (6)	
	DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause	
	(a), stering the underlying	- Carrier and a
_	cause lest. (c)	DE DEL ATER TO THE TERMINAL DISEASE COMPITION CIVEN IN DART YOU TO WAS AUTORSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
- E	theston of kneurous corona	us desease YES NO X
E	200. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED.	Enter neture of injury in Pert I or Part II of item, 18.)
ERT	PRIMARY OF CONTRIBUTING	
	CAUSE OF DEATH.	
MEDICAL		ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State)
8	nour a.m.	tory, street, office bldg., atc.)
×	p.iii: 17 1	
	21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection, Inquiry, and in my opinion
-10	death resulted from: Natural causes . Accident . Suice	ide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINERATION
	4 110	
4	SIGNATURE THANK I JURETICAL	M.D. ASSISTANT MEDICAL EXAMINER
		DEPUTY MEDICAL EXAMINER 7
	NAME (Type) FLAWK J. BLOSCHZMT	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	REMOVAL (Spacify)	Washington D G
BI	irial Aug 8, 1960 Mt Olivet Cem	metery Washington D. C.
2.	FUNERAL DIRECTOR ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DATE AUG 8 '60 arthur S. Thous
	Wall Edwill	DATE NOW

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1. PLACE OF DEATH a. COUNTY	J-1	J • /		2. USUAL RESIDENCE (V	Vhere deceased	lived. If institution: b. COUNTY	Residence bef	fare admission)
Mo	ontgomery		MARYLAND	Marvl	and	N	lontgom	erv
RURAL and give	1.1	2.1.1	OF STAY IN 16	c. CITY OR TOWN (IF		ate limits, write RUR	AL and give n	learest town)
	ETHESDA PITAL (If not in hospital, given		rs.	d. STREET ADDRESS	Chase	15		IS RESIDENCE ON A FARM?
Su	iburban			4730	Bradley	Blvd.		YES NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Manth	C	Day Year
(Type ar print)	Roy	Lih	dsay	Smith	DEATH	Augus	st	30 19 60
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER	MARRIED B.	DATE OF BIRTH	9		Months Days	AR IF UNDER 24 HRS Hours Min.
Male	MILLY		OIVORCED _	10/2/97		62 yrs.	10 28	3
Oa. USUAL OCCUPAT during mast af we	TION (Give kind of work do arking life, even if retired)	ne 10b. KIND OF BUS	NESS OR INDUST	RY 11. BIRTHPLACE (Stot	e ar fareign co	untry)	12. CITIZEN C	OF WHAT COUNTRY
Retir		Accou	ntant	Lexingto	n. No.	Carolina	U.S	.A.
13. FATHER'S NAME	1			14. MOTHER'S MAIDEN	NAME			
Peter	Smith			Ma	arv Ko	ontz		
15. WAS DECEASED E	VER IN U. S. ARMED FORCE		RITY NO. 17. INFO			on St. Addres	W. Wa	sh., D.C.
No	(ii yes, give war at actes or surv	Unknow	m So			. Smith		
18. CAUSE OF D	EATH [Enter anly ane caus				0		IN	TERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	don	pool	-11.	. 0.	11.9	10	NSET AND DEATH
433	IMMEDIATE CAUSE (a)_	C. 5.17.4	13/16-	TANON	1 /20	317		10 13843
-00	DUE TO	11.	17. 0				OT .	
Canditians, if	immediate (D)	-4/1	TMIH					7/1/17
cause (a), statin	g the under-	Muna	-	- how	22. 01	2 i	1	16 1.00
lying cause las	_ / (-)-	10 y / re 11	TENSIU			erut 16.2	13	10 90101
PART II. C	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIVEN	V IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT V	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE HOW IN	IJURY OCCURRED.	(Enter nature of injury in	n Part I or Part	II af item 1B.)		
3 20c. TIME OF INJ	URY Manth, Day, Year	20d. INJURY OCCUR	RED 20e. PLAC	E OF INJURY (Hame, for	rm, 20f. (City	or tawn)	(Caunty	y) (State
Haur a.m	10	While Nat while at work	e racta	ry, street, affice bldg., e	tc.)			
				3/4/1	11	260 -		
	hat (1) (this haspital)			E'IS	9(00, to	Do cyn II	19.6.0	that W (we) las
	ased alive on 5	1961), and that de	ath accurred at 15	∠M, from t	he causes and	an the dat	
220. SIGNATURE	1 0 Da	/	0.1		MED.	STAFF #		22b. DATE
22c. PHYSICIAN	and I us	entreys	M.	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.		30 mot 14
NAME (Type		senberger		Rock	will	, may	1am	
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME	OF CEMETERY OR	CREMATORY	23d. LOCATI	ON (City, town, or	county)	(State)
REMOVAL (Special		Rock					5 0	
24. FUNERAL DIRECTO		ADDRES		Cemetery 250, REG	C'D BY REGISTE	hington	RAR'S SIGNAT	URE
Rahre	. 61 67 .			Maryland				
1 thates	white and the print has	AMBIC COL	LICOUA,	THEST Y LOUDANETT	V 3 1 16U	(1.11	0 40	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

after death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

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	action, care to public form	. ASKARASE V	Sule of .	La Principal

BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) necessary, ector. Page a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside comporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) and 3 to the funeral director. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) for Washer 3. NAME OF 4. DATE DECEASED (Type or print) DEATH AGE (In years | IF UNDER I YEAR | last birthday) 7. MARRIED NEVER MARRIED DIVORCED WIDOWED & USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working His, aven if refired) in Item 18. Give Pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO gava rise to immadiate cause (a), stating the underlying TIERIOSCLEROS cause last. should be used Medical ease execute the certificate, writing the washould be forwarded to the Chief Medic. FUNERAL DIRECTOR: Page 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Month, Dey, Yeer 20d. INJURY OCQUERED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, greet, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described ebove, held en Autopsy Inspection Inquiry and in my opinion DEPUTY MEDICAL Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Broschaut NAME (Typa) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Richmond, Virginia Oakwood Cemetery 40 6 /16/60 Removal 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME The S. H. Hines Co. Washington, D. C. DATE AUG 1 7 '60 5M 7/59 arthur S. Kraus

STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

INTERVAL BETWEEN

(State)

DATE SIGNED

(Stata)

Service with the same and the second tiginals, Saganois, variamed Committee , Signals, Signals the sale of the sa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9294	CERTIFICA	ATE OF DEATH		Reg. Dist.	1366	
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown)	MARYLAND INGTH OF STAY IN 16	2. USUAL RESIDENCE (Who o. STATE C. CITY OR TOWN IT OU	b. cour	Mont	gomery	
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Washington San Ex)	sp.Xcl	d. STREET ADDRESS	Bye.	1	e. IS RESIDER ON A FAI YES NO	RM?
3. NAME OF DECEASED (Type or print) Susaw	Middle Crawc	lost Snow	4. DATE OF DEATH	Wonth 8	Day Year	4
Kemala White WIDOWED []	DIVORCED	1-23-38	9. AGE (In yell last birthdo	y) Months Do	EAR IF UNDER 2	4 HRS. Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSW.	OF BUSINESS OR INDU	Mo.		D M	N OF WHAT CO	UNTRY?
13. FATHER'S NAME ROLLY HOLL BOOK 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	11	14 MOTHER'S MAIDEN NA RULE Y C NFORMANT OS 10 X 1 P 0	lawe	Address		
18. CAUSE OF DEATH [Enter only one couse per line far PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cause (o), sloting lhe under-lying couse lost.	onchal	Obstudiantino	& Tuney		INTERVAL BETWI	
OR CONTRIBUTING CAUSE OF DEATH		NOT RELATED TO THE TERMIN			19. WAS AUT PERFORME YES N	ED?
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY Hour o. m.		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) ((State)
** S/26/60 G	NAME OF CEMETERY O	R CREMAION (M, from the cause DDRESS (Street, city or to La St. Sc. 2d. LOCATION (City, tow	wn, stole) her spre m, or county) my	date stated of DATE	above. signed
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CHILLIAN P	Bluf DATE	BY REGISTRAR 246. RI	Christian 2, 4	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending pysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

urs after death. Page 4

LA HORDIL		
	Carrier Statement for State	
		in house
		California (max.fi.15)
		and of the angle of the
	A THE RESIDENCE AND ADDRESS OF THE PARTY.	

VS A15 (4) 15M 9/5B

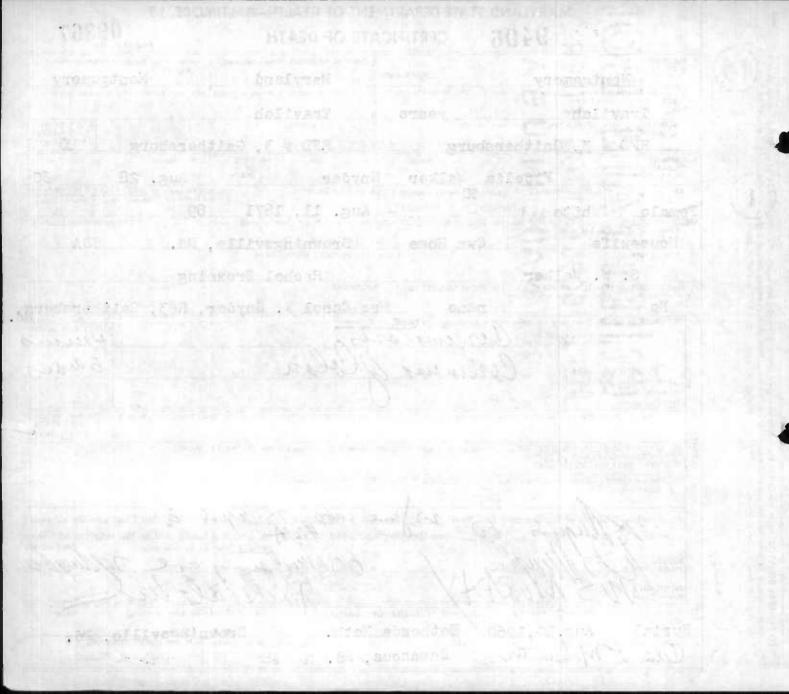
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

9406 CERTIFICATE OF DEATH

N

(19367 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI a. STATE Marvla	here deceased lived. If institution b. COUNT	Y 34 .	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		autside carporote limits, write		
RURAL and give nearest tawn) Travilah	vears	Travil	ah		
d. NAME OF HOSPITAL (If nat in haspital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
RFD # 3, Gaither		RFD #	3. Gaithers	burg	YES NO
3. NAME OF First DECEASED (Type or print) Tideli	Middle 7.7 - 2.2	Last	OF	onth O O	Day Year
TIGOTI		Snyder	au	g. 28	1960 YEAR IF UNDER 24 HR
	WED DIVORCED DIVORCED		9. AGE (In year last birthday)	Months Do	ays Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10		STRY 11. BIRTHPLACE (State			N OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWIFE	Own Home	Browning			USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
G. W. Walker		Pacha	1 Browning		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	NFORMANT		Idress	
(Yes, no, or unknown) (If yes, give war or dates of service)		rs Carol W.	Snyder R#	3 Gai	thersburg
18. CAUSE OF DEATH [Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	arcinolas Cursus C	J Colon			INTERVAL BETWEEN ONSET AND DEATH 4 MARKET
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERM	NINAL DISEASE CONDITION C	IVEN IN PART 1	(d) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	Har.	
Haur a.m. Whi		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	m, 20f. (City ar tawn)	(Cau	unty) (State
21. I certify that the dece-		1960 to 70	M, from the couses	ond on the d	sow the decease
ACTUAL SIGNATURE	9.11	m. 6 sh May 8	game as	e Z	Mugoc
PHYSICIAN'S NAME (Type) / 5 MUK	PHY	Da	elspille	lux	
20. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 30, 196	22c NAME OF CEMETERY CO		Browning		(State)
3. FUMERAG DIRECTOA'S SIGNATURE	ADDRESS Damascus	24a. REC	D BY REGISTRAR 246. RE	Cistrar's STGN	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9	407 DIVIS	ON OF	CERTIF	ICAT	E OF DEATH	IMORE 1	, MARYL	AND		09	368	8
1.	PLACE OF DEATH O. COUNTY Montgo	mem		MARY	LAND	2. USUAL RESIDENCE (V G. STATE Flori			If institution	: Residence	e before	e admiss	ion)
	b. CITY OR TOWN (II RURAL and give ne Bethes	f autside carporate limi carest town) cda.		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside car	porate limi	ts, write RUI	RAL and gi	ve near	rest town)
		AL (If not in hospital, g		address)		d. STREET ADDRESS Route	#2, B	X xo	100		e	ON A	FARM?
	NAME OF DECEASED (Type ar print)	Loui.		Middle (None)	Speights	4. DATE OF DEAT		Month		Day 26		Year 1960
5. 5	Female	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCE		DATE OF BIRTH	.3	9. AGE lost b		Months [YEAR Days	Hours	R 24 HRS. Min.
	Studen	ing life, even if retired	dane 10b.	None	R INDUST	ry 11. BIRTHPLACE (Stor		country)			S.		OUNTRY?
		peights, (/E/lossie/B	dyd		Deer				
15. (Ye:	No No	R IN U. S. ARMED FOR If yes, give war or dates of s	N	ot Availab	le	NIH, Bethes			rd, Ad Ti	te Cl	ini	cal	Cente
	ATT TO DAME TO STORY	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Cone	e for (a), (b), and (c).		ticemia				LI.	ONSI	RVAL BE ET AND OUTS	DEATH
	Canditions, if an	ny, which (b	Cho	riocarcino	ma						5	mor	nths
Z	lying cause lost.	the <u>Under-</u>		Lmonary Ede		NOT RELATED TO THE TER	MAIN DICE	ASE COMP	ITION CIVE	NI INI DART	-	ours	
FICATIO										N IN PAKI	1(0) 17	PERFO	RMED?
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF		. (Enter nature of injury i		Part II at ite	em 18.)				
MEDICA	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye 19	20d. IN While at work	NJURY OCCURRED Nat while at work	20e. PLA	CE OF INJURY (Hame, fa ary, street, affice bldg., e	rm, 20f. (C	Lity ar tawr	h)	(Co	ounty)		(State)
	21. I certify tho	t (I) (this hospitoled alive on Augu	ottend	ed the deceosed 6, 1960, and	fromthat de	uly 3. 1	9.60 , to	Augu	st 26,	19 <u>6</u> on the	Q, the	ot (I) (we) lost above.
	22a. SIGNATURE	Stolle	uh)	N	100.	MED. DIRECTOR [i. 🛮		8	226	SIGNED
		Leo Stolbac		M.D.		Bethesda	Mar	yland	l Cent		HIV		ion (on ton ton ton on
23a	BURIAL, CREMATIO REMOVAL (Specify)	8-28-		23c. NAME OF CEME	ETERY OR		mo	via	ity, lawn, ar			70	a.
24.	FKAZEL'S	Survey L	Home	, Hast	· K		UG 2 9		2Sb. REGIST	RAR'S SIG			

VR A1S (4) 1SM 9/59

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		ranada. 5	a cheer of		

VS A1S (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9258

CERTIFICATE OF DEATH

09369

Reg. Dist. No.

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence	before admission)
	MONTGOMERY	MARYLAND	o. STATE Maryland b.	COUNTY M CM	Lamery
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	ts, write RURAL and giv	ve negrest town)
	SILVEP SPRING	84RS.	Silver Sp:		
	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	960/ Colesialle	Road.	9601 Colesvil	le Road	ON A FARM? YES NO K
3.	NAME OF First	Middle	Lost 4. DATE OF	Month	Day Year
	(Type or print) GEOR G18	HARIPE	R DDICER DEATH AU	gust :	5 1960
S.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	146 4 1	YEAR IF UNDER 24 HRS.
	TEMALE White WIDOW	ED DIVORCED	tebruary 24 1864 9	6 yrs	Doys Hours Min.
10	u. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	housewife		Michigan (OWASS	sn Ctul	4.5A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	? HARPE	-K	3	nei	man
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT MO- D // A	Address ()	0100 0
111	s, no, or unknown (If yes, give wor or dates of service)	- 40	ughter MKS Vorothy AN	brews 5	5 Md
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	0,4.		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	enile n	ufocarouns		6 Mit
	DUE TO		0		
	Conditions, if ony, which)				
	gove rise to immediate				
	lying cause lost.				and the same of
Z		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
CATION					YES NO NO
	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Part II of ite	om 18.)	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town	(Co	ounty) (Stote)
MEDICAL	Hour o. m. While	IAOI MUII6	ctory, street, office bldg., etc.)		
2				/ 17	
	21. I certify that 1 attended the deceas	/_/3			ist saw the deceased
	alive on 196	, and that death			e date stated above.
	ACTUAL L. A. AL	elenus.	ADDRESS (Street, city	or tewn, stote)	DATE SIGNED
	SIGNATURE 10 11.	carette	M.D. 760 CCesu	THE P	
	PHYSICIAN'S IOHN N. A	ndrews	: Silver S	pring	Ma
220	BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY () 22d. LOCATION (CI	ty town, or county)	(State) AA
6	eval 449.0, 700	GEOREE WAS	HINGTON EMETER KIEGS)	O.A.D. PRISE	00 /1H.
23.	EUNERAL DIRECTOR'S STEER THERE	ADDRESS WISHI	NETO N/2, 240. REED BY REGISTRAR	206. REGISTRAR'S SIGN	
V	MILLIAMY X/ KUNCHES 2 CIL	Parel SP 1/11	'A A	C 11 - 9 4	Maria A

MARCH.

ofter death. Page 4

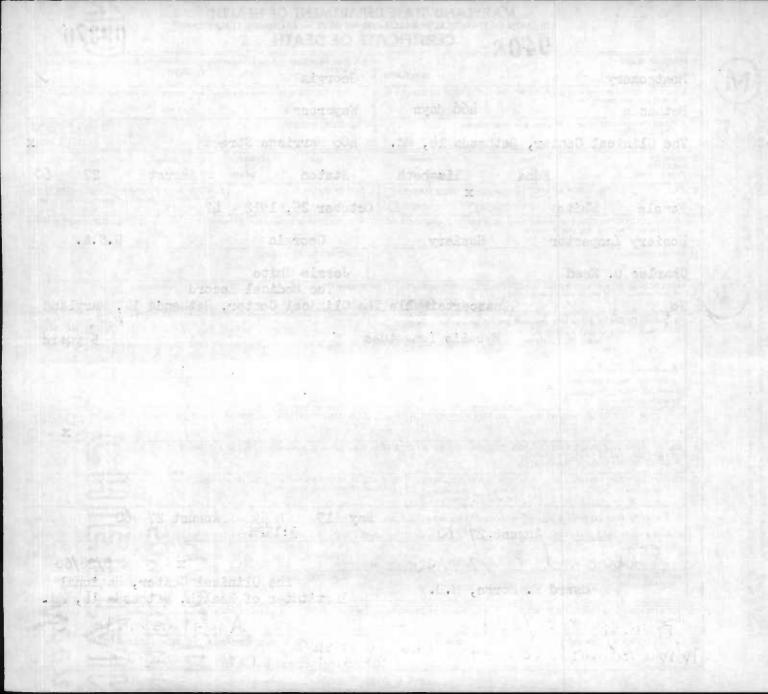
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9402

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()	J	3	-	U

1	. PLACE OF DEATH o. COUNTY Montgomery			M	ARYLAND	2. USUAL RESIDEN Q. STATE Georgia	ACE (W	here decease	d lived. If instit b. COUN		ence befo	re admiss	sion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, prest town)	, write	c. LENGTH OF S				outside corpo	orate limits, write	RURAL ON	d give ned	arest town	n) "
	Bethesda			466 day	3	Waycros			7	ZX	-		
71	d. NAME OF HOSPITA	AL (If not in hospital, giv	e street o	oddress)		d. STREET ADD	RESS					e. IS RES	FARM?
4		al Center,	Beth	esda 14,	Md.	406 Har	ris	on Str	eet] NO 🔀
3	NAME OF DECEASED	First			ddle	Lost		4. DATE OF		onth	Do	*	Year
	(Type or print)	Edna	•	Elizab		Staton		DEATH	Aug	ust	- 4	27	1960
5	. SEX	6. COLOR OR RACE	7. MARRI	IED T NEVER MA	ARRIED 🗌	B. DATE OF BIRTH			9. AGE (In year lost birthdoy			_	ER 24 HRS.
	Female	White	WIDOWE	D DIVO	RCED 🗌	October 2	5,	1912	47 y		Doys	Hours	Min.
1	Oa. USUAL OCCUPATIO	N (Give kind of work do ng life, even if retired)	ne 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPLAC	E (Stote	or foreign c	ountry)	12.C	ITIZEN O	F WHAT (COUNTRY
	Hosiery In		1	Hosiery		Geo	rgi	a			U.S.	.A.	
1	3. FATHER'S NAME					14. MOTHER'S MA	- had						
	Charles O.	Reed				Jessie	Wh	ite					
	S. WAS DECEASED EVER	IN U. S. ARMED FORCE		SOCIAL SECURITY	NO. 17. II	NFORMANT The	Med	ical R	ecord A	ddress			
	Yes, no, or unknown) (I	f yes, give war or dates of sen		coertsir		The Clinic				sda 7	. Ma	arvla	and
1		TH [Enter only one cou				THE OTHER	Code	0011001	, De one	Due I	-	ERVAL BE	
		H WAS CAUSED BY:									ON	SET AND	DEATH
	TAKE I. DEAT	IMMEDIATE CAUSE (0)_	My	rcosis fu	ingo1d	es					-	yea	ars
	1 205	DUE TO		\									
	Conditions, if or									P			
	gove rise to in couse (o), stoting t												
	lying couse lost.	(c)											
13	PART II. OTH	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERM	INAL DISEAS	E CONDITION	GIVEN IN P	ART 1(o)	19. WAS	AUTOPSY
	3												ORMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH	06. DESC	CRIBE HOW INJUI	RY OCCURRE	D. (Enter noture of in	njury in	Port I or Por	rt II of item 18.)				
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Year	20d. IN While	Not while		ACE OF INJURY (Hor			y or town)		(County)		(Stote)
	p. m.	19		of work							1		
1	21. I certify that	(I) (this haspital)	attend	ed the decea	sed fram	May 19	19	59, ta_	August	27, 19	60_, th	nat (1) ((we) las
	saw the decease	ed alive on Aug	rust.	271960	and that	death accurred o	3:1	5PNram	the causes	and an t	he date	stated	dabave
1	220. SJONATURE	1											b. DATE
	Colu	rardi	>	more	R	M.D. PHYS.	D 8	AED.	STAFF PHYS.		8/	28/6	SIGNED
	22c. PHYSICIAN'S NAME (Type)		-			22d. ADDRESS	Th	e Clir	nical Ce	nter.	Nat	iona	1
	Towne (Type)	Edward E.	Mors	se, M.D.		Instit			lealth.				Md
2	3a. BURIAL, CREMATIO	N. 23b. DATE THEREOF	>	23c. NAME OF	CEMETERY C		TUL BILL	-	TION (City, tow			(Sto	
	REMOVAL (Specify)	8/30/	60		-			A	ondis	51	16	-, 1	50
2	4. FUNERAL DIRECTOR	SIGNATURE		ADDRESS	hab:	2 ST N L 25	So. REC	D BY REGIS		GISTRAR'S			30/11
	IV W. Lina	morkete	,	1400 0	1. C. D.	NSH. A.CO	ATE A	iig 3 0 '	60	Irlhun .	8. Kra	ul	



VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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9259 CERTIFICATE OF DEATH

09371

	92).)	CERTITI	CAIL	IDLAI	11		Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	TGOMERY		MARYLAN	a. STA			ed lived. If institut b. COUNTY				ian)
b. CITY OR TOWN RURAL and give	(If outside carporate lim	ts, write	c. LENGTH OF STAY IN	lb c. CIT		autside carpo	orate limits, write I)
	ITAL (If nat in haspital, g	give street o	l address)		REET ADDRESS 2 PEGGY	LANE	1				FARM?
3. NAME OF DECEASED (Type or print)	J ENN		Middle	STEF	Lost FEL	4. DATE OF DEATH	AUG.		1960	,	Year
s. sex FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED				9. AGE (In years last birthday) 85 yrs.	IF UNDE Manths		Haurs Haurs	R 24 HR Min.
10a. USUAL OCCUPAT during most of wo HOUSEWIF	rking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. B	RUSSI		country)		USA	F WHAT C	OUNTRY
3. FATHER'S NAME HENRY G	RIMDER			-	HER'S MAIDEN						
1S. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	INFORMAN SAMUEL	STEFFEL	- 7703	12th St	ress N.	W.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		e far (a), (b), and (c).	y M	onbo	sis)			INT	ERVAL BE SET AND	DEATH
Canditians, if	immediate (, 9	nerelized	arte	riosel	espis			10	oze	ars
cause (a), stating lying cause last	the under-)	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TER	MINAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a)	19. WAS /	AUTOPSY
OR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter no	iture of injury ii	n Part I or Po	rt II of item 1B.)				RMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Ye	ar 20d. It While at wark	Not while		JURY (Hame, far , affice bldg., e		y or tawn)		(Caunty)		(State
21. I certify to alive an	hat I attended the	decease , 19 (11	ath occurre	30, ta 1 d at 6:30f	A.M. Fram	the causes are	nd an th		e stated	
SIGNATUREPHYSICIAN'S	SIMON C. WE	INER.	MD	M.D./	o song	yexeno	JNW I	nuik.		ally,	7,146
220. BURIAL, CREMATI REMOVAL (Specify BURIAL)	ON, 22b. DATE THERE		22c. NAME OF CEMETER MT. LEBANON	Y OR CREMATO			TSVILLE,			(Stat	e)
23. FUNERAL DIRECTO	R'S SIGNATURE Y ST	no-	35 OF- 14C	6524		C'D BY REGIS	TRAR 24b. REG	ISTRAR'S S	IGNATU		10-60

tion come was " -- The Man T The same was a construction of The second second second second 20-1400 NOONE VIII DELLE

ifter death. Page 4

w requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

09372

CERTIFICATE OF DEATH

	PLACE OF DEATH				2.	USUAL RESIDENCE (W	here decease		on: Residence	before adm	ission)
	Mon1	tgomery		MARYLA	AND	South	Caroli	ina b. COUNTY			1
1	CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (IF		orote limits, write R	URAL ond giv	re nearest to	wn)
	Bethesda			8 days		Travelers	Rest			1	FC10F116F
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS			VY	e. IS R	ESIDENCE A FARM?
	The Clini		-	thesda 14, M	id.	Route # 2			10		□ NO 🔯
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	ith	Day	Year
	(Type or print)	Rick	У	Samuel		Stidham	DEATH	Augus		24,	1960
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UN	
	Male	White	WIDOW	ED DIVORCED	□ A1	igust 5, 19	60	yrs.	Months 1	9" Hou	rs Min.
10a	. USUAL OCCUPATION	ON (Give kind of work		KIND OF BUSINESS OR				country)	12. CITIZE	N OF WHA	COUNTRY
		king life, even if retired)	None		South Ca	rolina		11	. S. I	
13	FATHER'S NAME	JIIII (110110	1	4. MOTHER'S MAIDEN		*		. 5.	
	Samuel St	t i dham				Rachel Eak					
15		R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO	MANT The Med		Record Add	Iress		
	s, no, or unknown)	(If yes, give wor or dates of s	ervice)							Mores	land
	no			None	Th	Clinical	center	be thes	da 14,		
				ine for (o), (b), and (c).]						ONSET AN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) A:	telectasis S	Secon	lary to Pne	umonia	1		Minut	es
	70	DUE TO									
	Conditions, if o	ny, which)		ongenital He	eart 1	Disease				17 da	ays
	gove rise to i	mmediate (VIDQ N				
	couse (a), stoting lying couse lost.	the <u>under-</u>									
Z) (c	1	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19. WA	S AUTOPSY
CATION	TAWN III. OTT	ILK SIGNITICALLY CON		CONTRIBUTINO TO BEAT	<u> </u>	T RELATED TO THE TERM		32 00113111011 01		PER YES	OKMEDY
CERTIF		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED. (inter noture of injury in	Port I or Po	ort II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. While of wo	Not while		OF INJURY (Home, for , street, office bldg., et		ty or town)	(Co	ounty)	(Stote
	21. I certify the	at (I) (this haspita	l) atten	ded the deceased f	ramA	igust 16	60 ta	August 2	14_, 19_6	Q that (I) (we) las
		sed alive on AU	gust.	24, 19 60, and 1	that dea	h occurred at QI	IM, from	The causes a	nd an the	date stat	22b.DATE
	220. SIGNATURE	eau Jaea	wa	U.	M.C	ATTENDING A	MED.	STAFF PHYS.	8	/25/60	
	22c. PHYSICIAN'S NAME (Type)	Allan Gold	lblat	t, M.D.		22d. ADDRESS Th Bethesd		nical Cen	ter, N	IH	
230	BURIAL, CREMATIC		066	23c. NAME OF CEMET	TERY OR C			ATION (City, town,	or county)	57. (S	S.C.
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS / /		250. REC	"D BY REGIS	STRAR 25b. REG	ISTRAR'S SIGI	NATURE	
4	111/Phone	bess. Pr.	140	o rekahin	SH		UG 3 0		other S.		

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All Park		Insue Comment		
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4/14/19	actions sent	66.0		
	Toung hard		Tealls 1 st	
Besteade II, Mary mi	enviol College Concern			
	Similar to the second			
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09373 Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	ontgomery	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY								
and give nearest lows	ITY OR TOWN (If outside corporate limits, write RURAL and give negret lown) Wheaton 4 hrs.				WN (If outside con	rporote limits, write	RURAL and gi	ve neorest fown)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 3308 University Blvd.					d. STREET ADDRESS 1922 W. Franklin St. e. IS RESIDENCE ON A FARM YES NO.				
3. NAME OF DECEASED (Type or print)	William Fir	Jame	Middle Stubbs	Lost	4. DATE OF DEATH	Aug.	29, 196	Doy Year		
5. SEX male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/1/191	LO	9. AGE (In years fast birthday) 50 yrs.	IFUNDER TYPE	EAR IF UNDER 24 HR		
10a. USUAL OCCUPATION during most of working	ON (Give kind of working life, even if retired)	done 10b. Kit	ND OF BUSINESS OR INDU	120	(Slole or foreign	country)		USA		
13. FATHER'S NAME	ENRY ST	TOBA		MARTHI	DEN NAME	- Qui	CK			
15. WAS DECEASED EV (Yes, no. of unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SC	OCIAL SECURITY NO. 17.	ANTE NE	VE RIV	ERS Address	N. FV	FON AV		
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PART II. OTH	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART 1(PERFORMED?		
20c. TIME OF INJU	5/29/60 19	While		ACE OF INJURY (Home clory, street, office bldg Cavation jo	1.4 etc.)		(County)) (Stote) Md.		
21. I certify the opinion death actual signature EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER (8/29/60									
220. BURIAL, CREMATIC REMOVAL (Specify)	1/1/6	U	SADDRESS		22d. LOCA	TION (City, town,	or county) STRAR'S SIGNA	(Stole) N.C.		
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(County)

25b. REGISTRAR'S SIGNATURE

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IS RESIDENCE

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YES NO

Hours

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO

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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: The serilificate should be executed within 24 hours after death. If an Jay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functed director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with four TMR Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file page 1 and 2 with the State Board of The Ith, or its designated agent, prior to burial, cremation, or removal, and in any certificial page 1.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

MARIEA	AM SIMIE ME	L WWINDERS AT	11-7-6-111	
Division of STATISTICAL RESEARCH	AND RECORDS,	301 W. PRESTON S	TREET, BALTIMOR	E 1, MARYLAND
9306 MEDICAL EX	CAMINER'S	CERTIFICATE	OF DEATH	09375
e. COUNTY Monty mary	MARYLAND	e. STATE	Where decessed lived, If inst b. COUNTY	

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions	Residence before admission)
1		Montymery MARYLAND	o. STATE md b. COUNTY	17.79 P.4.
		b. CITY OR TOWN (if odiside corpored limits, write RURAL and give nearest toyn)	c. CITY OR TOWN (If outside corporeta limits, write RURAL and	d give perast lown)
1		Kensulotin 5 mo	Risedale	1665.2
7 6	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
6	10	usustin Yarden Nursing Home	5900 Cleveland ave	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month OF	Dey Year
		(Typa or print) Cenn ()	ton DEATH and	2 1960
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In year) If UNDER	
	100	fluele white WIDOWED DIVORCED	7-25-1869 91 yrs. Months	Days Hours Min.
	10	USUAL OCCUPATION (Give kind of work during most of working life, even if reliked)	Y 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	U	Housewifel	NC 4	1-5-6
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Redallh Euthorn	Gues Contra	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	(10	none le	crains Home Record	
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cicute Caude	àc Harlure	ONSET AND DEATH
		153. 8 DUE TO	/.	
		Conditions, if eny, which \ (b) Carcuma of	Chlon	if 1911
		gava rise to immadiata ceuse		
		(e), steting the underlying cause last.		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
)	Ĭ.			PERFORMED?
	CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury In Pert I or Pert II of item 18.)	
	- 1	CAUSE OF DEATH.		
	MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (Coupry, street, office bldg., atc.)	inly) (Stela)
	MED	Hour a.m. While Not While et work et work		
		21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry ,	and in my opinion
4		death resulted from: Natural causes . Accident ., Suici	ide, Homicide, Undetermined manner	
W,			CHIEF MEDICAL EXAMINER	
		SIGNATURE Trank & Broschart	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
			DEPUTY MEDICAL EXAMINER	-60
		NAME (Type) FITNK J. ISPOSEN & KI	Address (Street, city, town, or county)	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR	D -A 11/2 11 1	(Slete)
	10	Jurial 15-5-1900 St. 71/arys	Corneling Washington 1	20,0
	23.	FUNERAL DIRECTOR ADDRESS	24%. REC'D BY REGISTRAR 248. REGISTRAR'S S	0 11
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

	9411	CERTIFICA	TE OF DEATH	1	TEARD	033	76
1. PLACE OF DEATH g. COUNTY	ONTGOMERY	MARYLAND	2. USUAL RESIDENCE (M. o. STATE VIRGI		ed. If institution b. COUNTY	n: Residence befo	ore admission)
b. CITY OR TOWN ((If outside corporate limits, vacrest town) (Rural)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF NEWPORT N		limits, write RU	RAL and give ne	earest town)
US NAVAL HO	SPITAL, NNMC,	street oddress) BETHESDA, MARYL	d. STREET ADDRESS	PARKWAY			e. IS RESTDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EVANDER First	WALLACE SYLVE	Lost ESTER	4. DATE OF DEATH	Month	14,	Yeor 19 60
S. SEX MALE	6. COLOR OR RACE 7. CAUCASIAN W	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2 JANUARY 1			F UNDER 1 YEAR Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during mort of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU UNITED STATES NAV			у)		U.S.
IRA W. SY	LVESTER (DE	CEASED)	14. MOTHER'S MAIDEN ELOISE VI		(DECEAS	SED)	
1S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give war ar dates of service WW II	e)	NFORMANT B. FRANCES SY	LVESTER :			VIRGINIA Y, NEWPOR
100401	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which immediate DUE TO	per line for (a), (b), and (c).] Acute Myelo	entre hou	Kemia		IZI OZ	TERVAL BETWEEN
САТІС	HER SIGNIFICANT CONDITI	IONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERA	AINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING (1) 200 G (1) CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II o	f item 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w					(County) (State)	
		DAVIS, IT MC USI	M.D. ATTENDING APPHYS. 22d. ADDRESS	25P from the	causes and	8-5-6	e stated abave. 22b.DATE
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION	(City, town, or		(Stote)

may be retained by the hospital or attending proficion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on the State Board of Health prior to burial, cremation, or remayal, and in any great within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN:

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the funeral

Then please remove carbon papers. Pages 1 and 2 should

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R.A. PUMPHREY

WISCONSIN AVE; BETHESDA, MD DATE AUG 9 60

256. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A	15 (4) 9/59		

	97.10)	CERTIF	ICAIL	OF DEATH			() 6	010
n. PLACE OF DEATH o. COUNTY Montgomer	y		MARY		usual residence (W o. STATE Pennsylvai		b. COUNT		e befare admission
b. CITY OR TOWN	(If outside corporate limits nearest tawn)	, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		role limits, write	RURAL and g	ive nearest town)
Bethesda			29 day	S	Graceton				
	ITAL (If not in haspital, gi				d. STREET ADDRESS		-0 7	5 X	ON A FA
The Clinic	cal Center,			d. II	Post Offic	4. DATE			
DECEASED (Type or print)	First		Middle		Lasi	OF DEATH		nth	Day Yeo
S. SEX	6. COLOR OR RACE		Lenor		Taylor DATE OF BIRTH	DEATH	9. AGE (in years	UST.	9 19 YEAR IF UNDER 2
		WIDOWED				3.000	last birthday)	Months	Pags Hours
Female Og. USUAL OCCUPATE	ON (Give kind of work d				ovember 27,	1923			EN OF WHAT COL
during most of war	rking life, even if retired)		0.00				,		
Housewife 3. FATHER'S NAME			None	11	Pennsy 4. MOTHER'S MAIDEN				U.S.A.
Joseph Po.	Linsky ER IN U. S ARMED FORCE	FS2 14 SO	CIAL SECURITY NO	17 INFO	Mary Mars	hall	- Ad	dress	
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)			RMANT The Med:				
No			None		Clinical Co	enter,	Bethesd	a 14,	Mary land
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OR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I or Par	t II of item 1B.)		
20c. TIME OF INJU Haur a. m. p. m.		While	Nat while at wark		OF INJURY (Hame, far y, street, affice bldg., et		ar tawn)	(0	aunty)
	at (I) (this haspital) ased alive an Aug								
220. SIGNATURE Willia	m e a	we	m.d.	M.D), PHYS. D	AED.	STAFF PHYS.		22b. C 8/9
22c. PHYSICIAN'S NAME (Type)	William C.	Awe,	M • D •		22d. ADDRESSThe Institute				
Burial CREMATIC	ON, 236. DATE THEREO, 8/13/19		23c. NAME OF CEM	ood C		23d. LOCA	tion (City, town,	ar county)	(State)
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law requires that the death certificate be executed within 24 1

TO HOSPITAL OR ATTENDING PHYSICIAN:

VS A15 (4) 15M 9/SS

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9260

CERTIFICATE OF DEATH

Reg. Dist. No. 79

1. PLACE OF DEATH o. COUNTY	MONTGOMERY		MARYL		USUAL RESI	MARYL		l lived. If instituti b. COUNTY		nce befor		
RURAL and give n	(If outside corporate limiteorest town) ER SPRING	ls, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR		R SPR	ote limits, write R	RURAL and	give nea	rest fowr	1)
	TAL (If not in hospital, g				d. STREET A)VIEW	AVENUE				PARM?
3. NAME OF DECEASED (Type or print)	JENNIE		Middle ZABETH TAYLO	R	Los	1	4. DATE OF DEATH	Mor AUGU		Do:		Year 1960
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARRIED		29/74	н		9. AGE (In years lost birthday) 86 yrs.	Months	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATI during most of wor Home make r	ON (Give kind of work or rking life, even if retired	dane 10b.	KIND OF BUSINESS OR own home	INDUSTRY			or foreign co			U.S.		COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S		AME					
WILLIAM P.	SHOEMAKER ER IN U. S. ARMED FOR	crea la	COCIAL CECUDITY NO	17. INFO		nown		Add			_	
(Yes, no or unknown)	(If yes, give wor or dotes of s		NO NE			n Tav	lor.	12,008 G		iew	Ave	
Conditions, if a gave rise to couse (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-		algutists Loverse CONTRIBUTING TO DEAT			THE TERMIN		CONDITION GIV	VEN IN PAI		PERFC	AUTOPSY PRIMED? NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.			Not while	Oe. PLACE	OF INJURY (, street, affice	Hame, form,	, 20f. (City			(County)		(State)
ACTUAL SIGNATURE	dwarf f		Lacks	death oc		9 00	2 M, from		and an		te state	
220. BURIAL, CREMATIC TRANS	URIAL 8/13		MI . HOPE	ERY OR CR				ION (City, town, ESTER, N		RK	(Stat	e) .
23. FUNERAL DIRECTOR	S SIGNATURE L. Jusk	NC.	SILVER SPI	RING,	MD.		G 15'6	RAR 24b. REGI	STRAR'S SI	GNATUR	RE	88 11

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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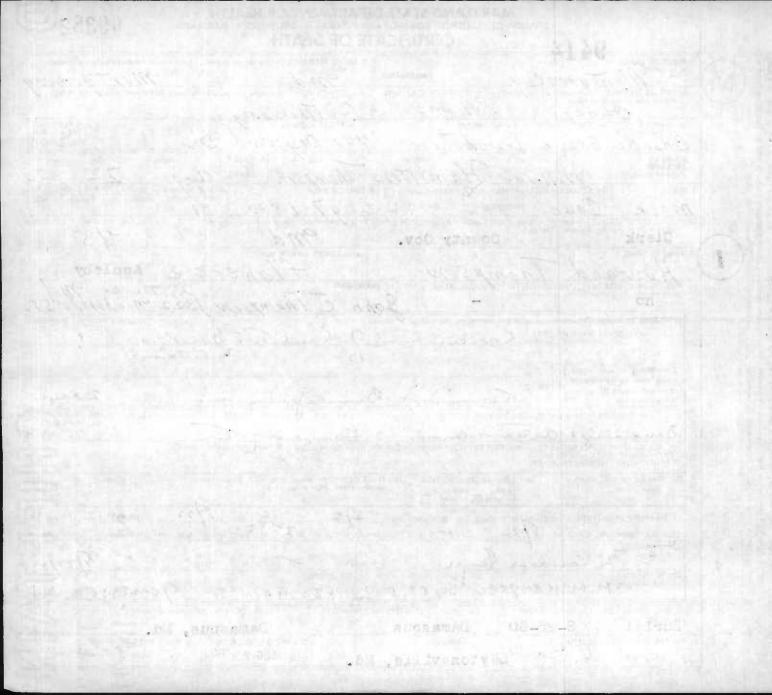
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24. FUNERAL DIRECTOR'S S	GNATUI

		0/1/	CERTIFICA	ALE OF DE	AIH			
	PLACE OF DEATH	Talmen	MARYLAND	2. USUAL RESIDE	NCE (Where deceased	d lived. If institution b. COUNTY		efare admission)
	RURAL and give nec		te c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	prote limits, write RI	JRAL ond give	nearest town)
		AL (If not in hospital, give str	eet address)	d. STREET ADI	DRESS DAS	Dn	1	e. IS RESIDEN
	NAME OF DECEASED (Type or print)	First	Hami ITan	Thomas !	4. DATE OF DEATH	Mon	th 7	Day Year
_	SEX	1	ARRIED NEVER MARRIED DIVORCED	9. DATE OF BIRTH	1900	9. AGE (In years lost birthday)	Months Day	AR IF UNDER 24
100	usual occupation during most of working	Canc.	0b. KIND OF BUSINESS OR INDI County Gov.	USTRY 1 L BIRTHPLAC	CE (State or foreign or	L. U.	12. CITIZEN	OF WHAT COUN
13.	FATHER'S NAME	nd The	musan	14. MOTHER'S M	TAIDEN NAME	ence.	Appl	e by
15. (Ye:		IN U. S. ARMED FORCES? f yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Thomoso	2/4ddr 2/42 2/322	Msvilla Mich	olson 5
		TH [Enter only one cause pe	er line for (o), (b), and (c).	- 0			ll C	NTERVAL BETWEE
	Conditions, if an gove rise to in		on en ma	3 62	المراجعة المراجعة	has ostono	Ad .	7
	lying cause last.	he under. (c)	عهدسد	Brances	pue			2 days
CATION	Denaral	ujes areai	NS CONTRIBUTING TO DEATH BL	- Gang	NETERMINAL DISEAS		EN IN PART 1(o	19. WAS AUTO PERFORMED YES NO
CERTII	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	RED. (Enter noture AL	Injury in Port Of Por	rt II of item IB.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	WI	d. INJURY OCCURRED 20e. If	PLACE OF INJURY (Ho foctory, street, office b	ome, farm, 20f. (City oldg., etc.)	y or tawn)	(Coun	ity) (S
	21. I certify that	6/41	ended the deceased fram		1960 ta	8/5.2 the causes an		that (I) (we)
	220. SIQUATURE 2	« Kandra	Byen	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		872.7.76
	22c. PHYStCIAN'S NAME (Type)	4. MEICENTA	CEE BOYER, M	22d. ADDRES	MAIN	sr. 9	on is	Scus. M
23c	BURIAL, CREMATION BEMOVAL (Specify) BURIAL	N, 23b. DATE THEREOF 8-25-60	23c. NAME OF CEMETERY Damascus	OR CREMATORY		TION (City, town, o	or county)	(Stote)
24.	FUNERAL DIRECTOR'S		ADDRESS		25a. REC'D BY REGIS	TRAR 25b. REGIS	STRAR'S SIGNA	
	1 samus	H. Ozarog	avtonsville.	Md.	DATE AUG 25	'60	Thurs S. 1	Claus

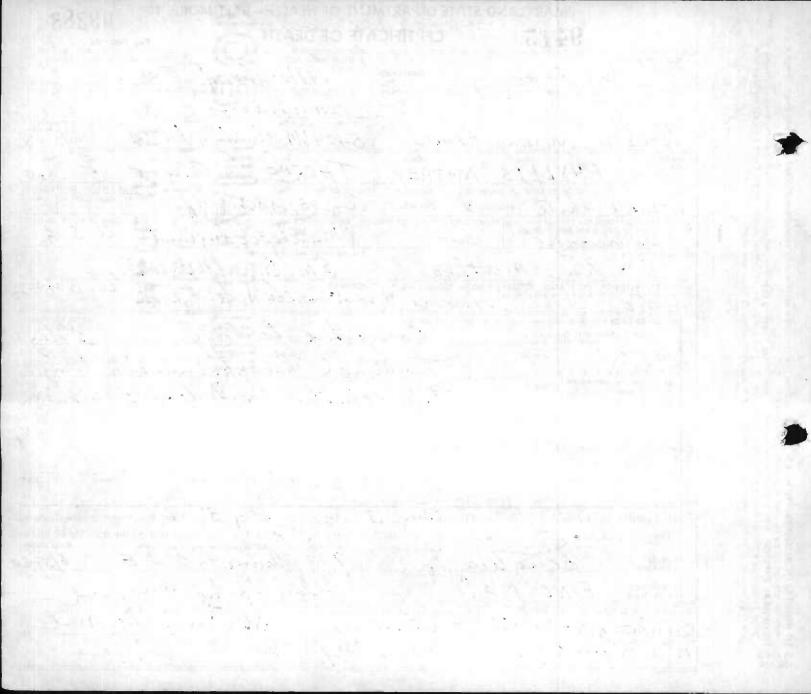
Laytonsville, Md.

VR A1S (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



M		
	1. PLACE OF DEATH o. COUNTY	

the funeral director, may be retained by the haspital ar attending y sician.

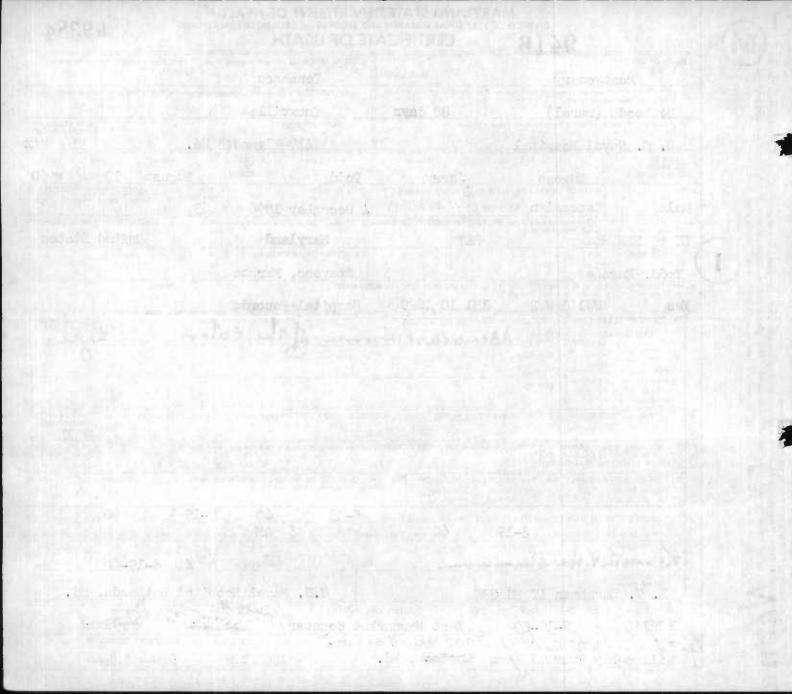
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director of the strength of the strengt ond in any event, within 72 haurs ofter death page 3 should be detached for use as the buriol-transit permit. the State Board of Health prior to burial, cremotian, ar removal,

ifter death. Page,

requires that the death certificate be executed within 24 h

9416	CEKTIFICA	TIE OF DE	AIH			- J - 1
1. PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE		ased lived. If institution b. COUNTY		ore admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	+	nnesse		DIIDAL and also as	reset town)
RURAL and give nearest town)				orporote limits, write F	CORAL ond give ne	edrest rown)
Bethesda (rural) d. NAME OF HOSPITAL (If not in hospital, give street	88 days		oxville	1	1//	10.050051165
OR INSTITUTION U. S. Naval Hospital	odaress)	d. STREET AD		uth Rd.		o. IS RESIDENCE ON A FARM? YES NO T
3. NAME OF First	Middle	Last	4. DA		nth D	ay Yeor
DECEASED (Type or print)		Todd	OF DEA			19 60
Turgette	Jerry RIED K NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	/	R IF UNDER 24 HRS.
The state of the s			7.00/	lost birthdoy)	Months Doys	Hours Min.
Male Caucasian WIDOW 10a. USUAL OCCUPATION (Give kind of work done 10b.	Named		er 1896	63 yrs.	12 CITIZENI C	F WHAT COUNTRY?
during most of working life, even if refired) IT SC USN RET	RET		vland	gn country)		States
3. FATHER'S NAME	101	14. MOTHER'S A	V		0112000	Doggood
)						
Todd, Eugene Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECHPITY NO 17	INFORMANT	s, Marht		Iress	
(Yes, no, or unknown) (If yes, give war or dates of service)	181 10 4620		l Record		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18. CAUSE OF DEATH [Enter only one couse per li		HOSPICA	L IBCOIG	0	LINE	TERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ne for (o), (o), and (c).		11.	ed-	10	SET AND DEATH
IMMEDIATE CAUSE (o) 16	two concin	Jerry (3			yes.
1 3 3 , 8 DUE TO			0			0
Conditions, if ony, which (b)						
couse (o), stoting the under-					(C. 123)	
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3						YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Port I or	Port II of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
		LACE OF INJURY (H		City or town)	(County) (Stote)
Hour o.m. While of wor	IAOI MIIIE	octory, street, office	bldg., etc.)			
		5-23	1960	8-19	60.	
21. I certify that (I) (this hospital) attend						hot (I) (we) last
saw the deceosed olive on 8-19	19 60, and that	deoth occurred	aDM/ fre	om the causes or	nd on the dot	e stoted above.
KEMMETHY. Harsh		M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS. X	8-19-60	22b. DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRES			0-17-00	
K. V. Harshman LT MC U	SN	U.S	. Naval	Hospital H	Bethesda,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	(23d. LC	KANON ISHT, Joyn,	stat-	(Stote)
BURIAL SPECIFY) 8-19-60	East Newman	rket Cemet	ery	Control of the contro	Maryla	und
They buyer of DISCTORY STORY STORY CAN BELL	Castes now 31	racket	25a. REC'D BY RE	GISTRAR 2Sb. REG	ISTRAR'S SIGNATU	JRE
Willoughby Funeral Home	Hurlack, Md		DATE AUG 2 2	'60 a	Mun S. Kra	u/A

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/59



VS A1S (4) 1SM 9/SB

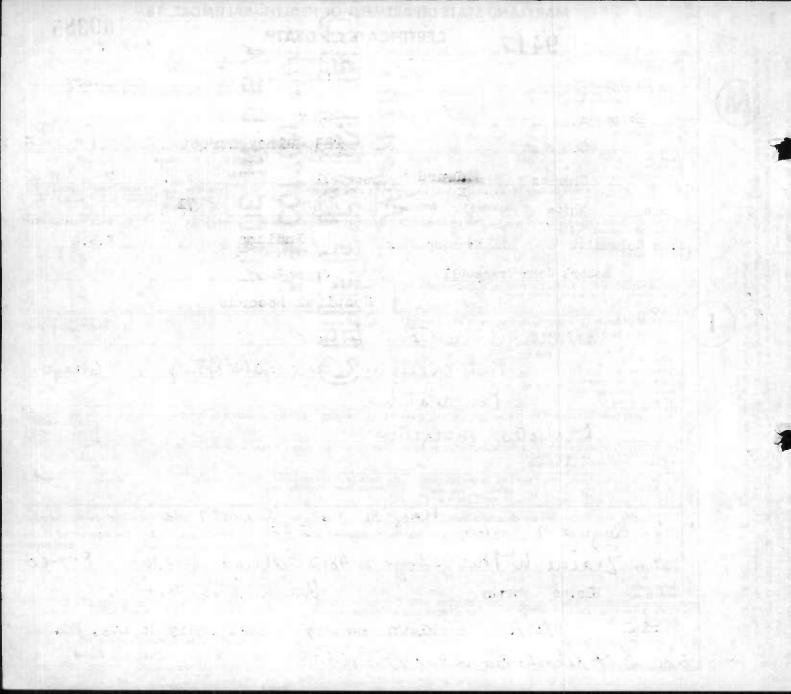
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
			-	, , , , , , , , , , , , , , , , , , , ,	

CERTIFICATE OF DEATH

M

(19385) Reg. Dist. No.

	4 7							1109.0			
PLACE OF DEA O. COUNTY	at comerv		MARYL		o. STATE Marylan		d lived. If instituti b. COUNTY		tool		ion)
b. CITY OR TO	OWN (If outside corporate limit give nearest tawn)	ts, write	c. LENGTH OF STAY I	IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write f			14	1)
d. NAME OF OR INSTITU	HOSPITAL (IF hat in haspital, g JTION	ive street a	ddress)		d. STREET ADDRESS						FARM?
	Suburban				/ 123 Qui	ncy St	treet			TES [NO 🔼
3. NAME OF DECEASED (Type or print)) Charles	st .	Middle Edward	Tra	Lost Cewell	4. DATE OF DEATH	Aug.	nth .	7	,	Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARRI	DIVORCED		DATE OF BIRTH 8/6/89		9. AGE (In years lost bushbooy)	Months	Doys	Hours	Min.
	CUPATION (Give kind of work of					or foreign co		12.CI	IZEN O	EWHATC	OUNTRY?
News Co	of working life, even if retired)		Evening St		Ind	iana			U.S		
13. FATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME					
	Robert John				Grace B	eam					
15. WAS DECEAS (Yes, no. or unknown)	SED EVER IN U. S. ARMED FOR: (If yes, give war or dates of se		OCIAL SECURITY NO.	-	ospital R	ecords	Add	ress			
B. CAUSE	OF DEATH [Enter only one co	12.	far (a), (b), and (c).]		1. 0.00				INT	ERVAL BE	TWEEN
58	DUE TO	Po	A-poin	tive	Cholo C	estee	lone		6	da	
gove rise	to immediate DUE TO	Pa	ucreate	tis		0	7				
CATIO	II. OTHER SIGNIFICANT CON	PITIONS CO	mellet	TH BUT NO	OT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(a)		AUTOPSY ORMED?
20g. ACCIDE OR CONTRIB (IF EITHER, N	ENT WAS UNDERLYING DEUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CCURRED.	Enter noture of injury in	Port I or Port	t II af item 1B.)				
20c. TIME OF Hour	INJURY Manth, Doy, Yeo o. m. p. m.	20d. IN While at work	Not while	20e. PLAC foctor	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (City	ar tawn)		(County)		(Stote)
21. I cert	ify that I attended the	1		V 31		Eugus PM, from	the causes ar	nd an th		e stated	d abave.
ACTUAL SIGNATURE	Elaine 1	un	urphi	X_M.	4812 5	lico +	F SV A	stote)		8-7	-60
PHYSICIAN'S NAME (Type	Elaine M	urphy			Was	hung	ton 16.	20	-		
220. BURIAL, CRE REMOVAL (S Buria	EMATION, 22b. DATE THEREO	/60	22c. NAME OF CEME Parklew		eme terv		TION (City, town,	or county)	t.v	(Stot	
	ECTOR'S SIGNATURE		ADDRESS	THE LANGE		D BY REGIST		STRAR'S S		-	
Tho	8 HH Heno	X	2901-	14/1	A A W DATE	AUG 9		Inllus	8. K	LALLA	



after death. Page 4

VS A15 (4) 15M 9/58

after death.

the registror prior to buriol, cremation, ar remayal, and in ony event within 72 her

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9418 **CERTIFICATE OF DEATH**

Reg. Dist. (No. 386

)	o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (f not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Dennie atkinson Tupper 4. DATE OF DEATH 8 - 7 - 1960
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) WIDOWED DIVORCED 7. DIVORCED 7. DIVORCED 7. DOYS Min.
	100. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSEWIFE 2007
1	13. FATHER'S NAME Thomas atkinson Anna Bete
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. Was pital Reads
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACCURATE A Scendery to law July 2 Court DUE TO
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c) Len Cext Selection † Debelok
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF THE PROPRIED OF THE TERMINAL DISEASE CONDITIONS OF THE PROPRIED OF THE PROPR
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wor
1	21. I certify that I attended the deceased from 4-9-, 1956, ta 8-6-, 1960, that I last saw the deceased alive an 86-, 1960, and that death accurred at 320 pM, from the causes and an the date stated above.
	ACTUAL SIGNATURE Jolen Booley 200 (at M.D. ADDRESS (Street, city or lown, stote) DATE SIGNED
	PHYSICIAN'S JOHN B. DEGLER OLNEY MD
1	220. BURIAL, CREMATION, 22b. DATE THEREOF CREMATION 8/9/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) CEDAR HILL CREMATORY SUITLAND, MARYLAND
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

The state of the s The state of the s Karlor B. Stan edam Will milester with Superior 1 to Colo Carlo MACTINE DELINE TWEET OF THE TOTAL COLUMN CONTRACTOR e , a , g , a

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

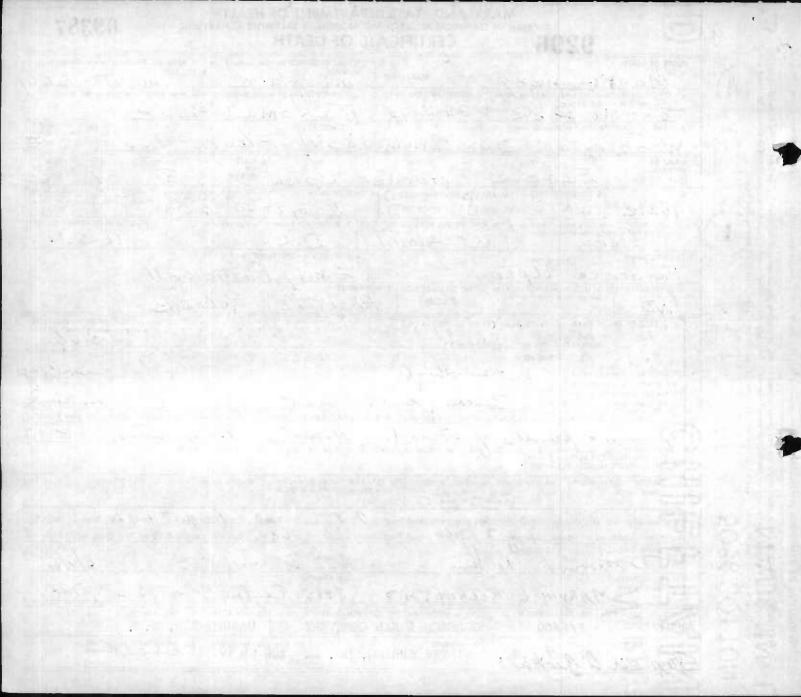
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11	U	U	0	-

- X/	9296 CERTIFICATE OF BEATH	
M	1. PLACE OF DEATH O. COUNTY O. STATE O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	before admission)
AI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1 a KOMa Park 26 days Takoma Park	
075	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washing Ton SaniTanium 1851/ Flower. Aug.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) EUGENE HOBORT UPTON SEATH	Doy Yeor 4 1960
	Male White WIDOWED DIVORCED 7-29-00 60 yrs. Months D	YEAR IF UNDER 24 HRS oys Hours Min.
	during most of working life, even if retired) VET. Admin. D.C.	NOF WHAT COUNTRY
	Frederick Upton 14. MOTHER'S MAIDEN NAME Eugene Frederick Upton Emily Pattangall	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dotes of service) none Hospital Records	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shock	ONSET AND DEATH
	Conditions if any, which (b) Hemosthage	sevelda
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO CC) Bleeding duoderd which	unknow
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR	
	Hour a. m. While Not while of work of work foctory, streel, office bldg., etc.)	unty) (State
	21. I certify that (1) (this haspital) oftended the deceased from 7-8, 1960, to August 4, 1960 sow the deceased alive on Aug. 3, 1960, and that death accurred at 6 A.M., from the causes and an the	
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D	22b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) MARVIN L. KOLKIN, M. D. 22d. ADDRESS 8485 Feuton Street, S.S.	md.
	230. BURIAL CREMATION, 8/8/60 23c. NAME OF CEMETERY OR CREMATORY CONGRESSIONAL CEMETERY WASHINGTON, D.C.	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING, MD. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS SILVER SPRING, MD. DATE DATE	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: Jow requires that the death certificate be executed within 24 in offer death. Page 4, may be retained by the hospital are ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 should be filed with

VR A15 (4) 1SM 9/59



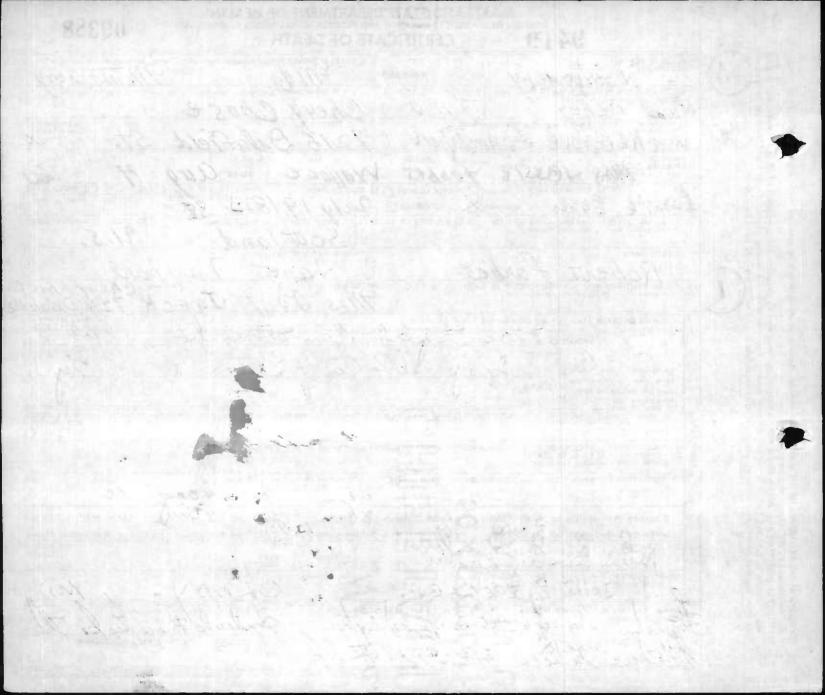
ter death. Page 4

requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/59

M)	o. COUNTY Montgomery MARYLAND	a. STATE DE CE (Where deceded lived. II in	NT Montounery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, we	ite RURAL and give nearest town)
90	d. NAME OF HOSPITAL (If nay in haspital, give street address) OR INSTITUTION Branke Grove + oundalion	d. STREET ADDRESS 1216 Delafield	ST. e. IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) MIS LESSIE FORERS	Wallace 4. DATE OF DEATH QU	Manth Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Temple Cq4C, WIDOWED DIVORCED	8. DATE OF BIRTH Guly 19/873 9. AGE (loty lost brith)	eors IF UMDER 1 YEAR IF UNDER 24 HR ay) yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	Scot on d	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME ROBERT Forbes	14. MOTHER'S MAIDEN NAME Janet Tac	(lar)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give war or dotes of service)	Mas Paul Jae	Address Cheuy Chas
	1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Josten Stowach	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which) DUE TO Conditions, if any, which)	Le Ca of Steward	2 m
	gove rise to immediate couse (a), stating the under-lying couse last.	V	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18	1.)
		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(County) (Stot
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased olive on 3 2 2 1960, and that	121/1	1960 that (1) (we) lo
1	220. SIGNATURE Booky Zvaler	M.D. PHYS. DIRECTOR STAFF	22b. DATE SIGNE
	22c. PHIS CIAN'S NAME (Type) JOHN B. DIROCHER	22d. ADDRESS OLNS	1- , MD
20	23 BURIAL CRIMATION, 23b DATE THEREOF 23c NAME OF CEMETERY DIRECTOR DESCRIPTION OF CEMETERY DIRECTOR DESCRIPTION OF CEMETERY	OR CREMATORY 23. LOCATION (GIV) TO	(State)
R	24. PINEPAL DIRECTOR'S SIGNATURE ADDRESS STATES	DATE AUG REGISTRAS 256.	registrasis sign aturba
100			



law requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN:

VS A15 (4) 15M 9/5B

after death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9420

CERTIFICATE OF DEATH

 $\underset{\text{Reg. Dist. No.}}{19389}$

1. PLACE OF DEATH o. COUNTY	ontgomery		MARYL		usual residence o. STATE Mar	(Where decease yland	ed lived. If institut b. COUNTY	,		mery	
RURAL and give n	If outside corporate limi earest town) 18y	its, write	c. LENGTH OF STAY I		Gai	(If outside corp		RURAL ond	give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, onerv Gene		oddress) Hosp.		d. STREET ADDRES		Street				FARM?
			*								
3. NAME OF DECEASED (Type or print)	Art:		Middle		Ward	4. DATE OF DEATH	Mo Aug	gust	9	,	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIE	D B. C	ATE OF BIRTH		9. AGE (In years	-	R 1 YEAR		ER 24 HRS.
Male	White	WIDOW	ED DIVORCED		5 May 18	72	10st birthdoy) 88 yrs.	Months	24	Hours	Min.
10a. USUAL OCCUPATION during most of wor Stationary	king life, even if retired)	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (S Washing				USA		OUNTRY?
13. FATHER'S NAME Park M.	. Ward			1	4. MOTHER'S MAIDI						
	R IN U. S. ARMED FOR	acuica)	SOCIAL SECURITY NO. 18-18-1020		rmant irgie V. V	Ward-V		e Ite	m #	2	(41)
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate () 2	want	Jo	ieur ieur	tu /	earl	w	7	ut	bur
САТІС	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TO	ERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of injury	y in Port I or Po	ort II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	ar 20d. I While of wor	Not while		OF INJURY (Home, , street, office bldg.,		ly or town)		(County)	H.	(Stote)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) J	nat I attended the	., 19.1 her,	1 40	death ac	•	M, from	Street, city or town	nd an th	e date	stated	
Burial (Specify)			22c. NAME OF CEME Arlington				ington	or county)		(Stot	
23. FUNERAL DIRECTOR Robert A.		В	ethesda, M	aryla	nd	REC'D BY REGIS		ISTRAR'S S	Knu	RE	

3 printeredition that city of the data (A. Janes J. Dreid) White Service of the Many 1872 I he a 2 21 Stationary Saginour Retired Weshington, D. C. Yes Sp. Auf. WWI 218-12-1020A Virgie V. Ward-Wije-Same Rem of Burdal Stranger Valuation of Com. Arbagion Villegials Repert A. Pungairer Louiseade, Maryana Leaguerde Lan after death. Page 4

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

09390

1000	9421	CERTIFICA	TE OF DEATH					
1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Virgin	b. COUNTY	on: Residence before admission)			
b. CITY OR TOWN (If	outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)			
RURAL ond give ne Bethesda		12 days	Triang	le X	JX - 2			
d. NAME OF HOSPITA	AL (If not in hospital, give st		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	al Hospital		6 Shar	on Road	YES NO K			
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	ith Day Yeor			
(Type or print)	Harol	d Thomas	WARD III		igust 3 1960			
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Male	Caucasian WID	OWED DIVORCED	7-18-60	yrs.	Months Doys Hours Min.			
10a. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Child			Virginia	, "	U.S.A.			
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
Harold Th	omas WARD		Shelba J	. NEWSON				
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress			
No	ir yas, give wor or udies or service;	None	Harold Thomas	Ward 6 Sharon	Rd., Triangle, Va.			
18. CAUSE OF DEATH [Enter only one couse per line for, (o), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left heart tas (une								
The Due to								
Conditions, if ony, which a consequental aortic insufficiency 16 day								
gove rise to in	nmediate (Congenival	0001010	101305 10101	Cricy			
couse (o), stoting the <u>under-</u> lying couse lost.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO YES NO								
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour o. m. p. m.	W		LACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (State			
	21. I certify that (I) (this haspital) attended the deceased fram. 7-22- 1960, ta 8-3- 1960, that (I) (we) last saw the deceased give an 8-3- 1960, and that death accurred at 7:000 fram the causes and an the date stated above.							
22o. SIGNATURE	ed dive di	7-1-1799 r dila filat	dedili dicorred di 1 🕶	my fruit the cuoses of	22b. DATE			
/	415 1	tvery	M.D. PHYS.	ED. STAFF PHYS.	8-3-60 SIGNE			
22c. PHYSICIÁN'S NAME (Type)	. B. AVERY, I	AT. MC. USN	22d. ADDRESS	l Hospital, Bet	hesda. Md.			
230 BURIAL CREMATIO		236 NAME OF CEMETERY		23d. LOCATION (City, town,				
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	8-4-60		National Cemet					
24. RUNERAL BIRECTOR	S SIGNATURED	ADDRESS		D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE			
R. A. PU	MPHREY .7557	Wiso., Ave., Bethe	esda, Md. DATE AN	IG 4 '60 C	illus S. Kraus			

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	and Market		Di.hi	m. I
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	na or payer a sintendra	. 10 st., ava. No. 1	muadii yeyiyey	

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09391

	9297 CERTIFICA	ATE OF DEATH	9391
N	ALACE OF DEATH COUNTY CONTROLL CONTROLL MARYLAND C. LENGTH OF STAY IN 1b RURAL and give negrest town ALAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AS hingston SAN - + Hospital	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	omeey
	NAME OF DECEASED Type or print) Pesolee Berniee	WAHS 4. DATE OF DEATH Month	Day Year 3 1960
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	5 - 24 - 20 lost birthday) Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
6	JUSTAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND Business OR IND Huring hold abovering life, even if refired)	West Virginia 1	. S.A.
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dales of service) 234-20-6960	14. MOTHER'S MAIDEN NAME O TIDA BALLES INFORMANT Address Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (c)	Corcudua	INTERVAL BETWEEN ONSET AND DEATH OLDER
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL (20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. I	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Cactory, street, office bldg., etc.)	County) (State)
	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive on the 3 1900 and that 220. SIGNATURE 22c PHYS (IAN'S NAME (Type) LYSIE Williams		date stated abave. 22b. DATE SIGNED Pure 3, CO CO
230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL ISSUED SHIP THE SHIP	OR CREMATORY TERY 23d. LOCATION (City., town, or county) RICHLAND, WVIRGINIA 25o. REC'D BY REGISTRAR 25b, REGISTRAR'S SIC	(State)
<	Rumond a-Justa SILVER SPRI	NG, MD. DATEAUG 9 '60 arly 8, 1	

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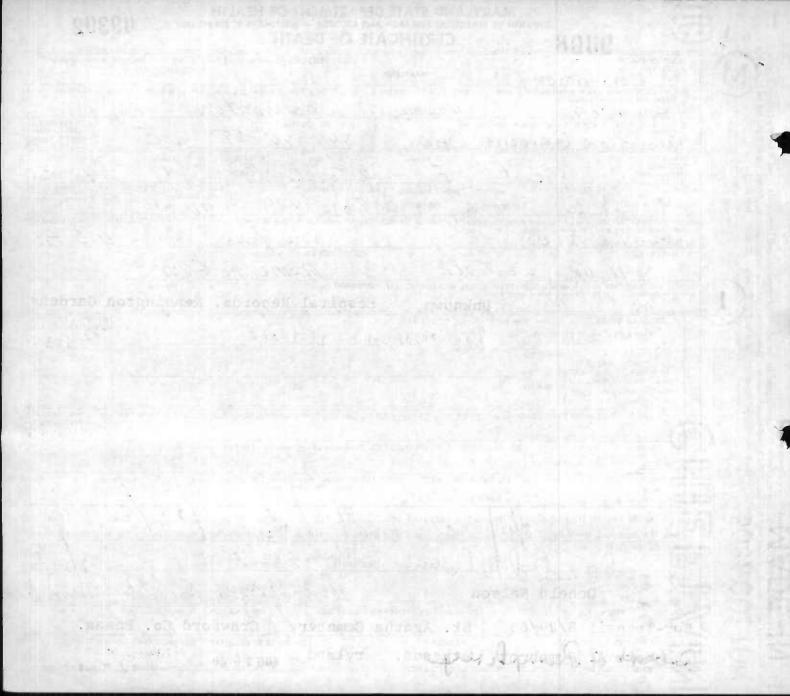
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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			-		-

3	9313	ICAIL OI DEAIII
M	1. PLACE OF DEATH o. COUNTY MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
VI	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY	V.C.
do	RURAL and give nearest town)	47 V = 3
10	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS E. IS RESIDENCE
	Kensington GARdens SAN.	3410-10 57. N.E ON A FARM?
	3. NAME OF DECEASED (Type or print) Cec/ Aiddle	Westover 4. Date Month Day Year OF DEATH 8 24 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI MIDOWED DIVORCE	lost birindoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS C during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
	WESTERN UNION TEL. CO.	New YORK U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	SEYMOUR WESTOVER	ANNIE M. GOTT
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes, give war or dates of service)	
R	No Unknown	Hospital Records, Kensington Gardens
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	nsons aiseate 342
	Conditions, if any which)	
	gave rise to immediate (
	lying couse last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	YES NO
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote factory, street, office bldg., etc.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	receipt, ander, office brings, etc.)
	21. I certify that (I) (this haspital) attended the deceased	fram. 4/15/ 1960, ta 8/2 / 1960, that (1) (we) las
	saw the deceased alive an1/31960 and	that death occurred at 10 M, from the causes and an the date stated above
	22a. SIGNATURE	ATTENDING MED STAFF TZb. DATE
	22c. PHYSICIAN'S TO NO MOUSEN	M.D. PHYS. DIRECTOR PHYS. D
	NAME (Type) Doneld Nelson	10620 Georges fine Selver Spring De
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	RETERY OR CREMATORY 23d/LOCATION (City, tawn, or county) (State)
	Bur-Transit 8/29/60 St. Aga	tha Cemetery Crawford Co. Penna.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	My notes of Ambourt heries as	A, Maryland DATE AUG 26'60

we requires that the death certificate be executed within 24 moy be retained by the hospital ar attending to reline by the hospital ar attending to reline by the property of the partitional property of the partition of t VR A15 (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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0422	CERTITION	IL OI DEATH						
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE Virginia	ceased lived. If institution: Residence b. COUNTY Tazewell	e before admission)				
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Rethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside North Tazewell	corporate limits, write RURAL and gi	ve nearest town)				
d. NAME OF HOSPITAL (If not in haspitot, give s OR INSTITUTION The Clinical Center		d. STREET ADDRESS Route #1		e. IS RESIDENCE ON A FARM? YES NO TX				
3. NAME OF First DECEASED	Middle	Lost 4. D	F	Day Year				
(Type or print) Geneva	Lucy	111111111111111111111111111111111111111	**-3	5th 19 60 YEAR IF UNDER 24 HR				
	MARRIED NEVER MARRIED DIVORCED DIVORCED	August 12, 1922	lost birthday) Manths [Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or for	sign country) 12. CITIZ	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Walter Sparks		Virginia Co	ompton					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT The Medica	L Record Address					
No		ne Clinical Cente	er Bethesda 14,	Maryland				
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITION	Acute lumphoblas		IISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS				
CATIC				PERFORMED? YES NO				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work o								
21. I certify that (I) (this haspital) attended the deceased fram. May 15th 19 60, to August 15th 19 60, that (I) (we) last saw the deceased alive an August 15th 60, and that death occurred at 10am, from the causes and an the date stated above.								
220. SIGNATURE								
22c. PHYSICIAN'S NAME (Type) W.Walter Oppe	lt, M.D.	8,11	Linical Center itutes of Health,	Bethesda, M				
23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Pemoval 8/15/60	23c. NAME OF CEMETERY O		LOCATION (City, town, or county) azewell, Virgi	nia (Stote)				
24. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co.	2901 Tith St. Washington 9.	N.W. D.C. PAUG 1	REGISTRAR 2Sb. REGISTRAR'S SIG 6'60 Orilly 2.					

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MARYLAND STATE DEPARTMENT OF HEALTH

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Doys

12 CITIZEN OF WHAT COUNTRY?

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MAS I NO D

ON A FARM?

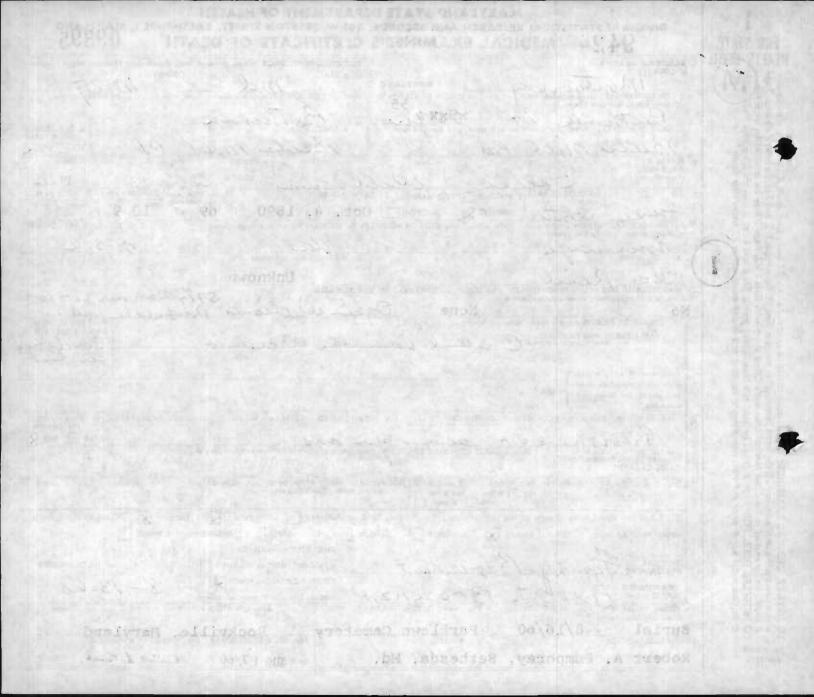
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Address Maple Ridge Rd. ONSET AND DEATH UDDEN PERFORMED? YES NO (Stote) (County) 1960, that ((we) last fram the causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town, or county) (Stote) Courtland, Virginia 2Sb. REGISTRAR'S SIGNATURE AUG 23 '60 Orthur S. Krank

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	Total American	.b., constraint, we may	poselv. Veet	March C.	

LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DERT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Page e. COUNTY a. STATE b. COUNTY director. Pag MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give perest town) 50 v INSTITUTION (if not in hospital, give street eddress) for d NAM e. IS RESIDENCE and 3 to the funeral ON A FARM? be retained Stafe YES NO 3. NAME OF Middle Year DECEASED OF with the (Type or print) DEATH 19 (10 IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In year IF UNDER 24 HRS. NEVER MARRIED may hours last birthday Oct. 1890 N WIDOWED M 2, a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in pencil in Item 18. Give Pages pages P.M.3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werer detes of service) Office along with No should be executed 1B. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause 60 "pending" DUE TO (e), steting the underlying 88 the word "pendin Medical Examiner" cause last. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO seven you 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. lease execute the certificate, writing should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) 966 fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🖈 Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Ch2n Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Q40 Burial Parklawn Cemetery Rockville 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR VS. A15ME Robert A. Pumphrey, Bethesda, Md. DATE AUG 17'60 arthur S. Firmes 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH 949 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09396

	OTK.	CERTIFICA	AIL OI DLAII		
a. COUNTY		MARYLAND	a. STATE	b. COUN	
	mery	The Landston of Craw is all	Maryl		Montgomery
RURAL and give n	If outside corporate limits, wi garest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
0/	ney	2 Hours	Rural	Germantown	
d. NAME OF HOSPI	TAL (If not in haspital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
/lontgom	ery Genera	1 Hospital.	Oak C	rest	YES NO
NAME OF DECEASED	First	Middle	Last	OF	anth Day Year
(Type or print)	Roy	P	William	DEATH	8 17 196
. SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday	
Male	White wir	DOWED DIVORCED	August 6, 1		rs.
during most of wor	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTR
Carpenter		None	Fairview	. W. Virginia	USA
B. FATHER'S NAME			14. MOTHER'S MAIDEN		
John P. W	illians		Dolly To	othman	
	R IN U. S. ARMED FORCES?		INFORMANT	125	75"Sarslow Avenue
(Yes, no, or unknown)	-(If yes, give war or dates of service)		ir. Raymond O.	Williams . Alo	
1			a s realymore os	III CHILD . ALL	
	ATH [Enter anly one cause p	per line for (a), (b), and (c).		0 - 1	ONSET AND DEAT
PAKI I. DE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hyperte	nsive	Cardi	7 —
743	DUE TO	Ud sevia	V DIS	ease.	140 U'V
Conditions, if o	iny, which)	manife.	It bu	4-6 V	Le
gave rise to i		10 Et wen	+ miculi	d 10 6	1
couse (a), stoting lying cause last.	The Under-	ref veri	101601	or tall	IUVE
	. J (c) HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
ξ					YES NO
PART II. OTI	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Port I or Part II of item 18.)	
OR CONTRIBUTING	MEDICAL EXAMINER				
		MA INTURY OCCUPATED TOO	PLACE OF INJURY (Home, far	206 (Ciby 1)	(County) (Sta
20c. TIME OF INJUI Hour a. m. p. m.	v	20d. INJURY OCCURRED 20e. While Not while	foctory, street, office bldg., e	rtc.)	(County) (Sta
p. m.		t work ot work			
21. I certify the	at (1) (this haspital) at	tended the deceased fran	8-171	Leuto 811) 196 U, that (1) (we) lo
saw the decea	61. 1	7 / 22	1/20		and an the date stated aba
280/ SIGNATURE	sed diffe diffe	// / dila mai	dedill decorres dis-	, m, main me caoses	22b. DATE
Ruch	Dun	mache	ATTENDING	MED. STAFF	CI 12 SIGN
22c. PHYSICIAN'S		4		DIRECTOR PHYS.	8,11,01
NAME (Type)	JdcK Sc	homdeh	er Gait	heusbu	vg, INd.
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n, or county) (State)
REMOVAL (Specify	8-20-1960	Davis Memori	al Cemeterv	Cumberland.	Maryland
4. FUNERAL DIRECTOR		ADDRES5	25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
What E	Xailey fr	Frederick, N	aryland DATE	AUG 2 3 '60	Cother S. Krays

TO HOSPITAL OR ATTENDING PHYSICIAN: 24 law requires that the death certificate be executed within 24 har paffer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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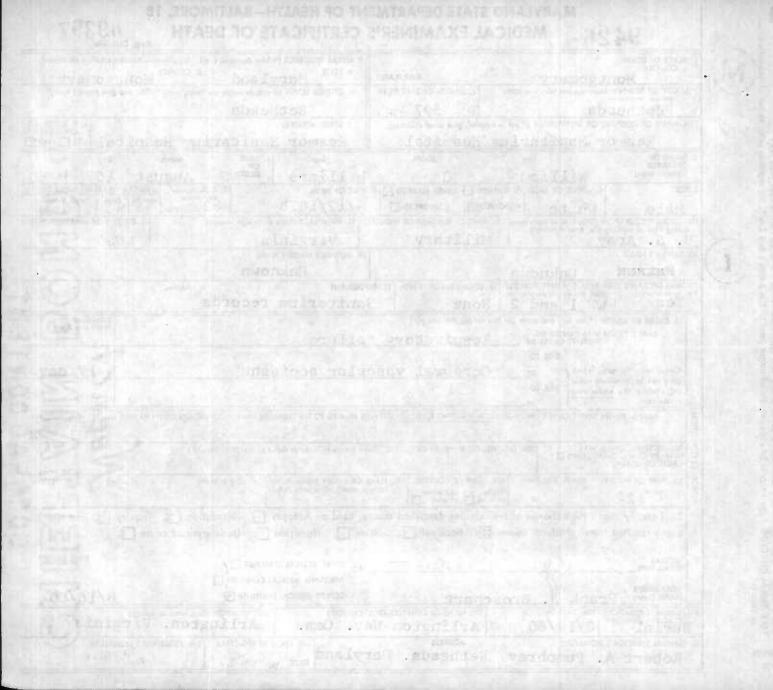
necessory, please exertar. Page 4 shauld be TO DEPUTY MEDICAL EXAMINER: This cert the should be executed within 24 hours after death. If any delay necessory, please execute the certificate, writing the word "pended" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral of the 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation, or removal. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9426
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	()	93	9	7
10.0	Dist	No		

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)			
Montgomery MARYLAND	o. STATE Maryland b. COUNTY (Montgomerk)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			
Bethesda 597 km	X Bethesda			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE			
Resmor Sanitarium Hospital	Resmor Sanitarium Hospital VES NOT			
3. NAME OF First Middle	Last 4. DATE Month Day Year			
(Type or print) William C	Williams DEATH August 16 19 60			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E				
Male White WIDOWED DIVORCED	4/12/1878 82 yrs. 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
U. S. Army Military	Virginia US			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Neksen Unknown	Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address			
Yes WW 1 and 2 None	Sanitarium records			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN			
BART I DEATH WAS CALLED BY	ONSET AND DEATH			
IMMEDIATE CAUSE (a) Respiratory	rarrure			
DUE TO				
gove rise to immediate cause	cular accident 17 days			
(o), stoting the underlying DUE TO				
cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	YES NO 🔀			
CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slote)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. p. m. 19 of work of twork	ory, street, office bldg., etc.)			
21. I certify that I took charge of the remoins described abo	ve, held an Autopsy , Inspection Inquiry , ond find that			
deoth resulted from: Natural causes K, Accident , Sui				
SIGNATURE TRANS Q. Brosshart	CHIEF MEDICAL EXAMINER T			
SIGNATURE MELLE & TOTT PROCE	m.b.			
EXAMINER'S	ASSISTANT MEDICAL EXAMINER			
NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER \$\\ 8/16/60			
220- BURIAL CREMATION, PREMOYAL Specify) 8/19/60 22c. NAME OF CEMETERY OR Arlington N				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE			
	ryland			
The state of the s	DATE AUG 18'60 Callian S. Tomans			

VS. A15ME(5) 5M 9/55



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09398

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U.	K For 6	<u> </u>	0		
1. PLACE OF DEATH o. COUNTY Montgome	rv	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived. If institution b. COUNTY	Prv. Heb.
	f autside carporate limits, wr earest town)	c. LENGTH OF STAY IN 16 2 Months		outside corporate limits, write R	URAL and give nearest fawn)
OP INSTITUTION	AL (If not in hospitol, give st la Naval Hosp		d. STREET ADDRESS 5719 43rd	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Nobl	Middle e Jenks	WILSON	4. DATE Mon	th Doy Yeor 18 19 60
s. sex	6. COLOR OR RACE 7. A	MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-12-91	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
100. USUAL OCCUPATION during mast af wart	king life, even if retired)	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Clarence	WILSON		Mary PALA	TER	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Nospital Recor	Add	ress
Canditians, if a gave rise to i cause (a), stating lying cause last. PART II. OTH	mmediate the under- (c) (c)		ierosis, G	TENERAL VESS	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
(IF EITHER, NOTIFY	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II af item 18.)	ho
20c. TIME OF INJUR Hour o. m.	, w		ACE OF INJURY (Hame, form ctary, street, office bldg., etc		(County) (Stote)
	sed alive A 8-18-	tended the deceased fram	M.D. PHYS. 22d. ADDRESS	M fram the causes an	nd an the date stated abave. 22b.DATE SIGNED ethesda. Md.
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, Arlington, V	or caunty) (State)
24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
Francis Ga	sch's, 4739 I	Balt.Ave., Hyatts	rille, Md. DATE	AUG 1 9 '60	arthur & Krous

may be revained by the haspital ar attending paysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

ofter death. Page 4

aw requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 1SM 9/59

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winty V and	Suttan Transfer	M morantus		
	Martin I washingto	PESSONNEW SAVE	CAT LAND WARREN	and the same

fter death. Page 4

aw requires that the death certificate be executed within 24 ha

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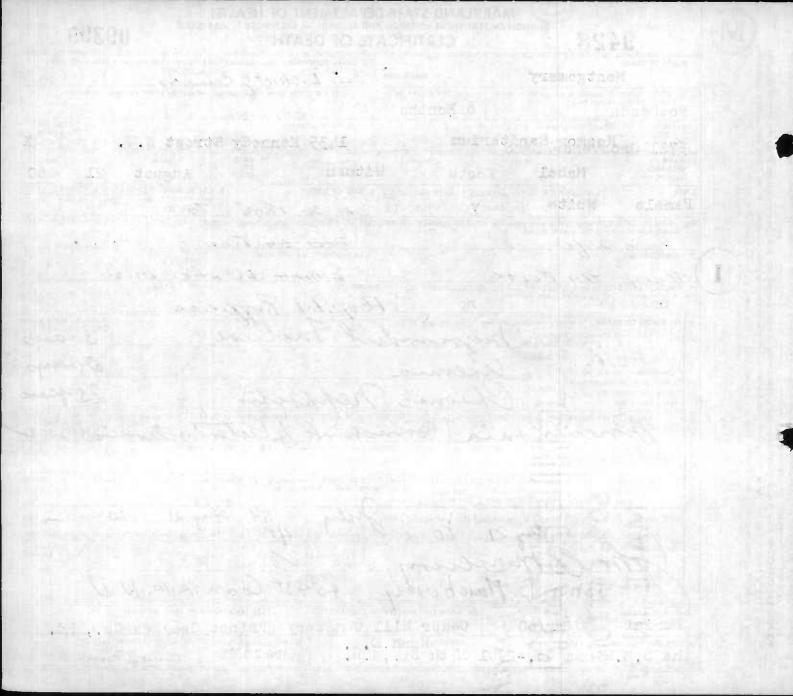
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09399

	PLACE OF DEATH a. COUNTY MO	ontgomery	MARYLAND	2. USUAL RESIDENCE (WI	, b. COUNTY	
	Bethesda		8 Months	1,0	outside carporate limits, write	RURAL and give nearest town)
)	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRESS	medy Street	N.W. PES NO X
	NAME OF DECEASED (Type ar print)	Mabel First	Foote W	itman	4. DATE MO OF DEATH AUG	ust 21 19 60
-	omale	Matea	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 26 12	9. AGE (In years last birthday)	Manths Days Hours Min.
	D. USUAL OCCUPATION of work of work of work of work of work of work of the wor	king life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stote	be Pener.	U.S.A.
1S. (Ye	WAS DECEASED EVE	ER IN U. S. ARMED FORCES? I	66. SOCIAL SECURITY NO. 17. II	NFORMANT HOSPITAL 7	Colfrence.	& CL & .
		mmediate (tremic Lyonic	il Fair	lune	3 clarys 25 years
CERTIFICATION	20a. ACCIDENT W	reumon	S CONTRIBUTING TO DEATH BU	chial 4	Part I or Part II of item 18.)	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
WEDICAL	Haur a.m.	Whi		ACE OF INJURY (Hame, farm ctary, street, office bldg., etc	n, 20f. (City or town)	(Caunty) (State)
N N	p. m.	19 of w	ark at wark			
WE	21. I certify the	OI W	nded the deceased fram	ATTENDING	M, from the causes a	nd an the date stated abave. 22b. DATE SIGNED

may be revained by the haspital or attending paysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9429

CERTIFICATE OF DEATH

			-				Kea		
	PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceased live	ed. If institution: Res	sidence bef	are admission)
	Monte	romery		MAKTEAND	Maryl	and	Mon'	tgome:	ry
	 CITY OR TOWN (If a RURAL and give near 		write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate	limits, write RURAL	and give ne	earest tawn)
	Bethe			21 days	50 Bethe	cha			
	d. NAME OF HOSPITAL		e street o		d. STREET ADDRESS	bua			e. IS RESIDENCE
	OR INSTITUTION				1				ON A FARM?
_	Subur	han			1 4620	So. Chel	sea Lane		YES NO
	NAME OF DECEASED (Type or print)	Frank		Middle S	Wolfe	4. DATE OF DEATH	Manth 8	8	Year 1960
5. :	SEX 1	S. COLOR OR RACE 7	· MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. 4		DER 1 YEAR	R IF UNDER 24 HRS
	Male	White v	VIDOWE	DIVORCED	Dec. 4, 187	8 8	1 yrs. 8	ths Days	Hours Min.
10a	 USUAL OCCUPATION during mast of warking 	(Give kind of work da		KIND OF BUSINESS OR INDU		e ar foreign caunt	y) 12.	CITIZEN O	OF WHAT COUNTRY
	Retired	g me, even in remedi	J	J. S. Post Office	ce Washingt	on, D.C		US	A
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Frank Wol	fe			Mary Rya	ın			
16	WAS DECEASED EVER I	NILL C ARMED FORCE	co 11/	SOCIAL SECURITY NO.	NFORMANT		0 70 441		
(Yes	s, no, or unknown) (if	yes, give wor or dates of servi	ice)				2 Patkwo	od St	. Cottage
N	To		5	79-36-8864 C	harles A. Wa	Iton Ci	ty, Md.		
	18. CAUSE OF DEATH	Enter anly one cause	e per lin	e far (a), (b), and (c).]				IN	TERVAL BETWEEN
		WAS CAUSED BY:	1	CONGESTIVE	HEART P	HILURI	E		WELLOWN
	LAN	MMEDIATE CAUSE (a) DUE T O						7,0	
	96,1			The state of the s					. 0.
	Canditions, if any gave rise to imm			erenary up	LUULAR S	CLEROS	15	16	muner.
	cause (a), stating the								
	lying cause last.	(c)_		******					
O	PART II. OTHER	SIGNIFICANT CONDI	TIONS	ONTRIBUTING TO DEATH BU	NOT RELATED TO THETERA	MINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY
AT	1	Dialutes	n	rellitus					PERFORMED?
FE	20a. ACCIDENT WAS	UNDERLYING TO 20	b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II a	of item 1B.)		
L CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH							
MEDICAL	20c. TIME OF INJURY	Manth, Day, Year	20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, far	m, 20f. (City ar t	tawn)	(County	r) (State)
(ED	Haur a.m. p.m.	19	While at wark	IAGI MIIIG	ctary, street, affice bldg., et	c.)			
2			_	18 .51	/7	3 1	18		
	21. I certify that	I attended the d	eceasi		19-06 to	8 8			iw the deceased
	alive an Uleo	MX 8	, 19 6	O, and that death	accurred at 10:1:	M; fram the	causes and an	the dat	te stated abave
	e . ()		:	4			city ar tawn, state)		DATE SIGNED
	ACTUAL TO	mond of	0)	lowski h.	M.D. SUITE 400	RICK	WISCONS	A	JE 8/RI
	SIGNATURE CO	owy o.	~		M.D. GG/16 100	, asia	111300003	1.62.11.	15
	PHYSICIAN'S EDY	VARD S.	W	MOWSKY, J	P. BETH	FSDA	14 MA	RYI	LAND
22a	BURIAL, CREMATION,	22b. DATE THEREOF		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, tawn, ar caur	nty)	(State)
F	Burial (Specify)	8/11/196	0	Prospect Hi	ll Cemetery	Washir		1116	D.C.
_	FUNERAL DIRECTOR'S			ADDRESS	- W	'D BY REGISTRAR	0	SSIGNATI	
-	Robert A.		7	Bethesda, Ma	bactura				
-	TODELL A.	ramburea	-	betnesua, ivia	DATE DATE	MIG 11 '60	arthu	1 8. th	ialle

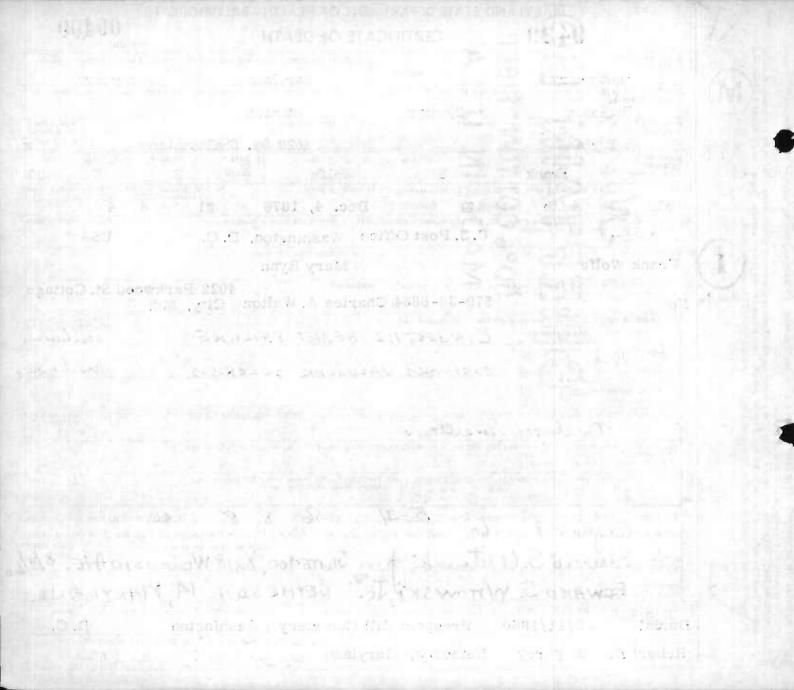
AUG 11 '60

fter death. Poge 4

death.

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with requires that the deoth certificate be executed within 24 ha the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: VS A15 (4) 15M 9/5B



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09401

	1. PLACE OF DEATH o. COUNTY Montgom	erv		MARYLAND	2. USUAL RESIDENCE (V. STAJE MATY 612 E1m	There deseased lived. If institution b. COUN. Avenue.	tution: Residence before admission) Prince Georges	V
		outside corporote limi	its, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, writ	e RURAL and give nearest town)	
	Kensing				Takoma :	Park 16	33-4	
1		AL (If not in hospital, g	give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	-
U		Hall Nurs	sing Hom	ne	612 Elm	Avenue	YES NO	
	3. NAME OF DECEASED (Type or print)	FRANCIS	63	Middle	Last	4. DATE OF DEATH AUG	Month Day Year 14 1960	0
	S. SEX	6. COLOR OR RACE	7: MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yet last birthdo		-
	Male	White	WIDOWED [DIVORCED	8-14-1869		y) Months Days Hours Min	
	100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. KIND OF	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTE	3Y?
	Clergy	ing ine, even il reilred	'		Pennsyl	vania	U.S.A.	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN			
	Thomas	Coffin Ya	ernall		Sar	ah Rose		
1	15. WAS DECEASED EVER		CES? 16. SOCIAL	SECURITY NO. 17.	INFORMANT	<i>f</i>	Address Ma	
/[No.		None	M,	Illiam Dent	Yarnall "M	attsville, Md.	
	18. CAUSE OF DEA	TH [Enter only one co	ouse per line for (o)), (b), opd (c).]	A		INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	uren	usa, A	cule		7 days	1.
	4-50	DUE TO	0 -	7	0:001	0.		
	Conditions, if or		Sence	e Gener	pleged NITE	varelevoses	104804	<i>(</i> ,
	gove rise to in							
	lying couse lost.) (c	:)					_
9	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONTRIBI	UTING TO DEATH BE	IT NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED?	5Y
1	A C						YES NO	4
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURE	ED. (Enter noture of injury i	n Port I or Port II of item 1B.)		
	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye			PLACE OF INJURY (Home, far octory, street, office bldg., e		(County) (Sto	te)
	₩ p. m.	19		work				
	21. I certify tho	t (I) (this hospito	l) attended the	deceased from	WIC 29 1	947, 10/4/AU9	, 1960, that (1) (me) lo	ıst
	sow the deceas	ed alive on 13	Aug 19	60, and that	death occurred of	M, from the couses	ond on the date stated obov	e.
Я	220. SIGNATURE	BA	- 22				22b. DATE	
	10	1800	eller	14.1)		DIRECTOR PHYS.	14/44/1960	
	22c. PHYSICIAN'S NAME (Type)	M. B. Q	MEEN		Takin	a Pack, i	Aul 1c,	
	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	DF 23c. N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn. or county) (Stote)	
	REMOVAL (Specify)	Ann 16	1060	Et Ism	aaln	Washingt	ion D C	6
	24. FUNERAL DIRECTOR	S SIGNATURE	, 1000	DRESS	25a. RE		EGISTRAR'S SIGNATURE	
	Joseph Paule	issme Inc	.1756-1a	e. aic. The	DATE A	ug 16'60 C	Talling & Kinus	

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to describe the party of the party of the same that	
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	The rest of the second of the

befare admission)

9430	CERTIFICA	TE OF DEATH
ACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY
CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Wheaton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and giv

	- Corre Poster	J			D.U.			
	c. CITY OR TOWN (If autside corporate limits, write RURAL RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL CONTROL OF STAY IN 1b) Washington						AL and give neare	st town)
d. NAME OF HOSPIT OR INSTITUTION WIDATON	Nursing			d. STREET ADD	RESS	Ave. N.W	-	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Grace		Middle M	Yerger	4. DATE OF DEAT	Manth Augus	t 13	Year 19 60
sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 2/25/18	81		UNDER 1 YEAR IF	UNDER 24 HRS Haurs Min.
	ON (Give kind af wark king life, even if retired		F BUSINESS OR INC	Veri	E (State ar fareign	country)	12. CITIZEN OF W	S.A.
. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
Cassiu	s B. Russ	ell		An	na B. Ci	nase	35.5	
	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (c	, het	1	liss Grace	CINO			AND DEATH
Canditions, if a gave rise ta i cause (a), stating lying cause last.	mmediate the under-)	2 home				3	775
PART II, OTI	HER SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO TH	IE TERMINAL DISEA	SE CONDITION GIVEN		WAS AUTOPS' PERFORMED? 'ES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter nature of in	ijury in Part I or P	ort II af item 18.)		
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye		at while	PLACE OF INJURY (Har factory, street, affice bl		ty ar town)	(Caunty)	(State
saw the deceo	ot (1) (this hospito sed olive on A)v	ottended the	e deceosed from	deoth occurred o		Augusti;		toted obove
22a. SIGNATURE	olf He	uges?	mo	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	8)	22b. DATE SIGNE

22c. PHYSICIAN'S Harold Heiges NAME (Type)

22d. ADDRESS

1835 Eye St. N.W., Wash, D.C.

23d. LOCATION (City, town, or county)

23b. DATE THEREOF BURHAL CREMATION DEMOUAL (Specify) /16/60

23c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Crematory

ADDRESS

Pr. Geo. Co., Maryland
r REGISTRAR | 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR 2901-148/ST.N.W. WASL. O.C. DATEAUG 1 5 '60

arthur S. Kraus

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removol, and in one over within 72 hours ofter death. moy be retained by the hospital or attending TO HOSPITAL OR ATTENDING PHYSICIAN; VR A1S (4) 1SM 9/59

fter death. Page 4

aw requires that the death certificate be executed within 24 ho

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	ew H. H 42 64 H 2632			
				year in the series and series

fter death. Page 4

aw requires that the death certificate be executed within 24 ho TO HOSPITAL OR ATTENDING PHYSICIAN:

a. COUNTY Mon	tgomery	MARYLAND	a. SFforida	here deceased in	b. COUNTY	i. Kesidence De	nore domissi	on,
	If outside corporate limits, we easest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RU	RAL ond give r	nearest town)
OR INSTITUTION	TAL (If not in hospital, give the NAVAL HOSI	rreet address) PITAL-BETHESDA, MI	d. STREET ADDRESS 709 Edenv:	ille Ave	4	E-X8		IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Doris	Middle Grace	YOUNG	4. DATE OF DEATH	Month Augus			reor 19 60
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 15 JULY 1911	9.		Months Doys	-	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor Housewife	king life, even if refired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote New Yor)		try)	U.S.		OUNTRY?
13. FATHER'S NAME Hiram R.			14. MOTHER'S MAIDEN Myrtle Ve					
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service		nformant Illiam J. You	ng 709 E	Addre		Fla.	ater
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).] Uremia				0	NTERVAL BET	TWEEN DEATH
Conditions, if a gove rise to a couse (a), stating	any which (b)	Renal Failure Carcinoma of Ce	rvix				2mo 19yrs	
PART II. OT Mul.		ons contributing to DEATH BU nd Urinary Tract	T NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS A	AUTOPSY RMED?
OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Part II	of item 18.)			
ZOc. TIME OF INJUI			ACE OF INJURY (Home, fore octory, street, office bldg., et		town)	(Count	ly)	(Stote)
saw the deced	aixix (this haspital) a used alive an Aug ull PBau	ttended the deceased fram. 2019_60_, and that	death accurred at P	M. fram th	e causes and	an the da		
Paul 230. BURIAL, CREMATIC REMOVAL (Specify Burial	R. BAUER LT M	23c. NAME OF CEMETERY O		23d. LOCATIO	N (City, town, or		(Stote	e)
Burial 24. FUNERAL DIRECTOR Wholeten		ADDRESS ADDRESS		CLEARW C'D BY REGISTRA UG 2 3 '60	R 25b, REGIST	IOTIDA TRAR'S SIGNAT LIMI S. TA		

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	Bernathan Stalls	100 BV 14 70	ment to its the

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eg.	Dist.					-

		9298	CLIV		ATE OF DEAT			Reg. Di	st. No.			
1. 1	LACE OF DEATH D. COUNTY	Contgomery	MA	RYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY MONTE omery							
1	CITY OR TOWN RURAL and give r Takoma		s, write c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corpo		URAL and s	give near	rest town)	
	OR INSTITUTION		tarium & Hosp:	ita 1	d. STREET ADDRESS 610	Kennel	bec Avenu	6	·		IDENCE FARM? NO	
1	NAME OF DECEASED Type or print)	Fir	st Midd	ile	Lost Zarska	4. DATE OF DEATH	Augus		Doy 25		reor 19 60	
5. 9	female	6. COLOR OR RACE	7. MARRIED NEVER MAR	CED	A	960	9. AGE (In years last birthday) yrs.	Months O	Doys O	Hours	R 24 HRS	
	USUAL OCCUPATION during most of war infanter's NAME	rking life, even if retired	done 10b. KIND OF BUSINESS	OR INDU	Mary	and	country)			WHAT Sta	country	
	Kenneth	Zarska ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY N	10 117 1	Carol Lo		Stump					
(Yes	, no. or unknown)	(If yes, give war or dates of s		0. 17. 1	mother		same a		ve			
	Conditions, if a gave rise to couse (a), stating lying cause last.	the under-)	atu	1							
CATION	PART II. OT	THER SIGNIFICANT CON	DITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	RATED?	
CERTIFI	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Part I or Por	rt II of item 18.)	hr i				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	19	While Not while at work of work	fo	ACE OF INJURY (Home, for ctary, street, office bldg., et	c.)			County)		(State)	
	alive on A	Herberto	deceased from Au 1960 , and the Flick Glick, M.D.	at death	25, 19 60, to occurred at 9:5	OPM, from	m the causes of street, city or town,	and on th	ne dat	e state	d above	
220	NAME (Type)	ON, 22b. DATE THEREC	OF 22c. NAME OF CE	METERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(State	e)	

TO HOSPITAL OR ATTENDING PHYSICI 10

urs ofter death. Page 4

ATTENDING PHYSICIAN The law requires that the death certificate be executed within

M. D. Washington Sanitarium & Hostital

23. FUNERAL DIRECTOR'S SIGNATURE

SEP 1 3 '60

24g. REC'D BY REGISTRAR

arthur S. Kraus

24b. REGISTRAR'S SIGNATURE

Takona Park, Maryland

pfter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN,

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH 9432 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09404

PLACE OF DEATH o. COUNTY Montgomery	7		MARY	LAND	2. USUAL RESIDENCE (o. STATE Virginia		d lived. If institution b. COUNTY	on: Residence	before	admission)
	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		orote limits, write R	URAL ond gi	ve neare	st town)
	Rural		1 hour		Arlingto	าท				
	L (If not in hospitol, g	ive street			d. STREET ADDRESS		13	V	e.	IS RESIDENCE ON A FARM?
U.S. Naval	Hospital				4834 25t1	RD.	0 >	1-	2	YES NO I
3. NAME OF DECEASED	Firs	Middle					Month			
(Type or print)	Amy		Elm	2	ZWICKER	DEATH	Augus		13	19 60
5. SEX	6. COLOR OR RACE		HED NEVER MARRI		8. DATE OF SIRTH		9. AGE (In years lost birthdoy)	-		Hours Min.
Female	Caucasian	WIDOWE			2-19-11		4.9 yrs.			
10o. USUAL OCCUPATIO during most of worki	N (Give kind of work on ng life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDU	STRY 11. 8IRTHPLACE (Sh	ote or foreign o	ountry)	12. CITIZ	EN OF W	VHAT COUNTRY
Housewife					Canad			Unit	ed !	States
3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
Frank WHYN	CHT				Winnie R	CHARDS	N			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT	- Carrier Land	Add	ess		
Unknown (f yes, give war or dates of se	0.00	nknown		Navy record	i a				
	TH Enter only one co		ne for (o), (b), and (c).	1	11419 200021	4D			INTER	VAL BETWEEN
	H WAS CAUSED BY:				OTINIOT D				ONSET	AND DEATH
	IMMEDIATE CAUSE (0)	HEN	ORRHAGE SU	BARA	CHMOID				3 h	rs 50 mi
335	DUE TO									
Conditions, if on										
gove rise to in couse (o), stoting t										
lying couse last.) (c)									
PART II. OTH	ER SIGNIFICANT CON	OITIONS O	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? YES NO
E 20g. ACCIDENT WA	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury	in Port I or Por	t (I of item 18.)			
Hour o.m.	Month, Doy, Yes	While	Not while	20e. PL	ACE OF INJURY (Home, factory, street, office bldg.,	orm, 20f. (Cit	y or town)	(Co	ounty)	(Stote
		of wor			8-13-	1260 to	3-13-	2060) 4	t (I) (we) las
			led the deceased		7	50, PM	the causes an	, 19_00	z, ma	(I) (we) las
22d SIGNATURE	ed alive an 8-1		13.00, 1000	rnar d	eath accurred af	/vi, fram	the causes an	a an me	odie s	22b. DATE
1 100000	Via	K	1216	10/	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			SIGNE
22c. PHYOCIAN'S	new	9	. 0-1010	VV	22d. ADDRESS	DIRECTOR L	11113.		- 10	
NAME (Type)	W.P. BAKER	LT	MC USN		U.S. Nave	al Hosp	ital, Bet	hesda,	Mai	ryland
23a. BURIAL, CREMATION		5,	23c. NAME OF CEM	ETERY O	P CPEMATORY		TION (City town that the town the tow	or county)	d	(Stote)
REMOVAL (Specify)	mation	60	ACCIONO	OX XX	Cematory XXXXXXX	EC'D BY REGIS	A COXXX		ХX	
24. FUNERAL DIRECTOR	ANC 1 4 1/1/2	Las	ADDRESS TO	info		. = .0/		STRAK'S SIG Lun 2. H	NATURE	
Arlingto			3901 N. Fa	TTTO	X Dr. DATA	ug 17'60	- Civis	ww/ A. / C	Verent/40	

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